A Course of Lectures
ON THE
ANATOMY AND SURGERY OF THE HUMAN FOOT.

Delivered at the Royal College of Surgeons of England in June, 1866,

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LECTURE I.—PART I.

MR. PRESIDENT AND GENTLEMEN,—The appointment to which you, Sir, and the Council of this College, have done me the honour to elect me brings forcibly to my recollection an incident which I observed during the summer of last year. Strolling in a park in the country, I inadvertently disturbed the tumulus of an ants' nest. For a moment there was great commotion, but almost as quickly each little active insect set itself to work to repair the mischief I had caused. Some, the giants of the tribe, dragged or pushed (to them) great beams in the shape of twigs, others conveyed the spikes of the fir-tree, whilst others again contented themselves with a mere granule of sand; but all worked with one accord for the general good towards the repair and completion of their common home.

The illustrious men who have preceded me in this chair have, like the giant ants, contributed the great beams of their experience and learning, the invaluable results of their energy and talents, to the edification and improvement of ourselves and future ages. I, alas! Sir, can only hope to contribute my granule of sand; but, minute as my offering may be, let me hope that it may in some degree tend to the advancement and duration of that great and important institution, "the progress and improvement of practical surgery."

I feel that in the performance of the duties which devolve upon me, I cannot do better than continue the subject so ably treated by my immediate and distinguished predecessor, Sir William Fergusson—namely, the Progress of Surgery during the last Century; and for this purpose I have selected the Anatomy and Surgery of the Human Foot and Ankle-joint as the subject-matter of this and the following lectures.

Probably in no other part of the human body has surgery made greater strides during the last thirty or forty years than in the foot; but great as its progress has been, it still offers scope for further improvement by the removal of erroneous views, which have hitherto, to a greater or less extent, been allowed to exert a prejudicial influence over the minds of surgeons, certainly to the retarding of progressive improvement.

The anatomy of the foot, regarded by the light of purely descriptive anatomy as set forth in most standard anatomical works, offers, it must be confessed, but few charms to the student. Its complicated skeleton, made up of numerous bones of almost indescribable shapes; its various joints, with their connecting ligaments; and its numerous muscles, especially in the sole of the foot, with their tendons proceeding and crossing each other in all directions,—render it, when considered abstractedly, a very difficult and unenticing study. But when, having conquered these dry details, the surgeon regards this apparently intricate and difficult piece of mechanism in relation to its functions and consequent surgery of the part, the aspect of the picture unfolded to his view becomes instantly changed. That which was his former bane becomes his present delight; until at length, from contemplating the comprehensiveness of design, the ingenuity and at the same time simplicity, the wondrous adaptation of the several parts to their several functions, and withal the perfection and completeness of each individual part in itself, he cannot but feel the great responsibility which he undertakes in practising the surgery of this part, and the impropriety—I am almost tempted to say sin—of unduly sacrificing any portion thereof.

Would that I had the genius of a Charles Bell; his artistic hand to delineate, his graphic mind to make clear, the many and beautiful points of physiological interest connected with this part. We of the present age look around us with surprise and admiration at what is being done in all directions. We, as a nation, are proud, and justly proud, of the skill of our engineers—of the wonders they have achieved, and the eminence to which they have attained. We are proud of our bridges crossing the several rivers; we are proud of the bridge across the Menai Straits, and of the stupendous viaducts which span the valleys in all parts of the country. But vast and wonderful as are these as examples of human skill, they dwarf into insignificance when compared with this small organ which we are now considering. *They* have merely to sustain weights; where *they* are placed they must remain; *they* possess no motor power; they have no power of locomotion. But how manifold are the functions with which the human foot is endowed! Man is ordained to maintain the erect position. He has to toil, to carry weights and to draw weights. As lord of the creation he has to govern and subdue the whole animal kingdom, and to till the ground; he has to walk, run, jump, leap, or vault, climb, &c. Upon the foot does he depend for the performance of these several duties. Not only so; however hard the labour, whatever the weight to be carried or drawn—whatever the distance to be walked or run—whatever the depth to be jumped, the space to be leaped, or the height to be climbed, the foot has also and always to sustain the superimposed human frame; not as a mere solid immovable mass, but with a fostering though firm elasticity, without which these several actions could never be performed, save with an amount of jarring and concussion as would inevitably destroy the delicate organs of the body, such as the brain, spinal marrow, &c. In the whole range of mechanics, architecture, or engineering, where can we meet with such a structure as this?

The skeleton of the foot of man is composed of twenty-eight bones: seven tarsal, five metatarsal, fourteen phalanges, and two sesamoid bones.

The tarsal bones are short and spongy. They form the heel of the foot; enter into the ankle-joint and instep; constitute the principal arches of the foot; and consist of the os calcis or heel bone, the astragalus or ankle bone, the scaphoid, three cuneiform, and the cuboid bones.

The metatarsal are long bones, situate intermediately between the tarsal behind, and the phalanges in front. They complete the longitudinal arch of the foot anteriorly, and give support to the phalanges which constitute the toes.

The phalanges are fourteen in number, each of the four outer toes being provided with three, whilst the inner or great toe has only two—an arrangement which obtains throughout the whole class of mammalia, wherein, however numerous the phalanges of the other toes may be, those of the great toe never exceed two, although they may be increased in length to compensate for their paucity in number.

It is very difficult to give a clear and at the same time concise description of the arrangement of these bones. Dr. Cross divides them into two unequal longitudinal series: an internal and external, the former being much the larger of the two; the internal commencing with the astragalus, the external with the os calcis. Professor Humphry, although to a certain degree recognising this arrangement, institutes three series: a posterior, comprehending the os calcis and astragalus; and an internal and an external anterior series, comprising the remainder of the bones included in Cross's arrangement. Mr. Bishop, on the other hand, recognises, like Cross, only two series: an internal and an external. But he differs from this gentleman in making the os calcis common to both.

Inasmuch as, for the purpose of completing the skeleton of the foot, and considering its functions, we must connect the os calcis and astragalus with the other tarsal bones, I prefer the arrangement of Bishop to either that of Cross or Humphry, as being more simple and more readily understood, and withal more in accordance with the functions of the part. According to this gentleman the two series are arranged thus, from behind forwards.

Internal.

Os calcis.
Astragalus.
Scaphoid.
Three cuneiform.
Three internal metatarsal bones.
Eight phalanges.

To which we may add the two sesamoid bones.

External.

Os calcis.
Cuboid.
Two external metatarsal bones.
Six phalanges.

The foot, as a whole, presents two surfaces—a "superior" and an "inferior;" two extremities—an "anterior" and a "posterior;" and two margins or edges—an "internal" and an "external."

The superior or dorsal surface is convex in the antero-posterior direction, and also from side to side. The convexity in the latter direction is most developed over the cuneiform and cuboid bones, and constitutes the transverse arch of the foot, its aspect being upwards and outwards, the inner extremity of the arch being about an inch higher than the external. The antero-posterior arch rests in front upon the rounded distal extremities of the four external metatarsal bones, and on the two sesamoid bones articulated to the under surface of the distal extremity of the larger first metatarsal bone. Posteriorly, the posterior extremity or tuberosity of the os calcis constitutes its basis of support. The two constitute the arches of the foot; and upon them depend not only its strength, but also its elasticity.

The inferior surface, very irregular, presents the concavities of the two arches already alluded to. The external margin, in standing, rests for the most part upon the ground. The internal margin presents points of the greatest interest. We have here the longitudinal arch of the foot. We have here, also, two ball-and-socket joints, which, whilst they allow the bones entering therein a considerable degree of motion, at the same time, from their peculiar construction, endow the foot with that elasticity so all-important in the animal economy, and to which I have already directed your attention. These two joints are respectively the medio-tarsal or astragalo-scaphoid, and the internal metatarso-phalangeal joint of the great toe.

If you cast your eyes over the internal margin of the skeleton of the foot you observe an interval between the os calcis and the scaphoid. This is filled up or completed by the calcaneo-scaphoid or round ligament, which, endowed with a considerable amount of elasticity, yields to a certain degree under the weight either suddenly or gradually thrown upon it, and thus deadens shocks and jars. Although not so given by anatomical writers, this ligament, as first described by myself in the year 1845, sends up an extension on the inner side of the foot and completes the socket of the joint in this direction; the importance of this arrangement will be seen hereafter. In the annexed diagram, taken from a very beautiful preparation dissected by Mr. Moseley, the arrangement of this ligament is well seen.

Again, in the metatarso-phalangeal joint of the great toe is another ball-and-socket joint, as well as an especial provision against the effects of jars. It is a curious fact that this has for the most part been overlooked, and the only reason to which I can attribute this neglect is in the supposition that the dogma propounded by Mr. John Bell, and so fiercely opposed by Dr. Cross, "that the sesamoid bones are accidental formations due to pressure" has been allowed to prevail. Mr. Berry, the late house-surgeon to the Charing-cross Hospital, lately dissected the foot of a still-born baby for me, and proved their existence at that early period of life, from which we may rest assured that they form part of the original design and formation, and are not due to extraneous causes.

If we lay the metatarso-phalangeal joint open from above we find these sesamoid bones united by a strong intervening elastic ligament, upon which the anterior extremity of the metatarsal bone rests; and here we may also observe the uses of the sesamoid bones and the beauty of their arrangement. The first metatarsal bone, although considerably stronger, is shorter than the second, and were it not for the sesamoid bones it would drop below the level of the second metatarsal, which, too slight for the task, would then have to sustain the weight of the body and the various shocks. Situated, however, beneath its head, the sesamoid bones sustain the first metatarsal in its proper place and enable it to perform its allotted duties. And with regard to the beauty of the arrangement it must be borne in mind that this joint, unlike the medio-tarsal, has to sustain shocks at various angles according to the irregularities of the ground upon which it alights; so that whilst in the latter the ligament or spring is inserted into fixed points, in the former it is attached to two movable bones (the sesamoid), which, in their turn, are connected with muscles especially appointed to regulate and accommodate their movements to the varying requirements and positions of the joint.

Now let us see how the arches of the foot are preserved. The antero-posterior or longitudinal having to support the weight of the body under all circumstances when the latter is in the erect position, the numerous bones of which the arch is composed, the shapes of their articulating surfaces, and the degree of motion allowed to their joints, all show that some extraneous aid is necessary to maintain the arch when called upon to perform its functions. Professor Humphry attributes this aid to the strong ligaments passing from bone to bone and regulating and limiting their movements, and especially to the strong plantar fascia and to the calcaneo-scaphoid ligaments. Doubtless, these ligaments do in some measure maintain the shape of the arch whilst in a quiescent state; but I very much question whether they possess sufficient elasticity or contractile power to accommodate themselves to the various requirements of the part. In the first place, the arch has to be made to stand fast and upright under the influence of the pressure of the body; and as regards the bones and ligaments, nothing can be more unfavourable. The rounded heel process, the overhanging astragalus, and the weight of the body pressing downwards and inwards upon the astragalus, all militate against its ability to do so. The ligaments, it is true, limit antero-posterior expansion, but they can have no influence over the preservation of the arch in the upright position. If solely dependent upon them, the foot would inevitably roll over when pressure was exerted upon the astragalus, or, in other words, when the body was in the erect position. Again, do these ligaments possess in themselves such an amount of contractile power combined with elasticity as to admit of their yielding sufficiently to deaden or counteract shock, and subsequently to resume the amount of rigidity necessary to maintain the integrity of the arch? And, lastly, in running or walking, when the arch has to depend upon its anterior pillar, could the strong plantar fascia exert the active force or cohesive power necessary to plant and maintain the front of the foot firmly upon the ground?

Mr. Barwell, in the year 1860, pointed out the importance of the tibialis anticus muscle in preserving the arch in the erect position of the body; but the tibialis posticus and flexor communis digitorum, which pass from the back of the leg under the sustentaculum tali, must not only assist in maintaining the arch, but must also prevent its inversion under the circumstances already alluded to. In walking, the heel first comes to the ground, then the fifth metatarsal bone, and subsequently the remainder, in rapid succession, until the body is, as it were, turned over to and rests upon the sesamoid bones of the great toe, the toes themselves being left free to enable the foot to spurn the ground for the purpose of taking another step. In these movements the anterior pillar of the arch has, through the distal extremities of the metatarsal bones, to be brought to and fixed upon the ground; and this is effected by the four lumbricales muscles attached to the inner side of the distal extremities of the four outer metatarsal bones, assisted probably by the abductor and flexor brevis minimi digiti inserted into the outer side of the base of the first phalanx; and by the so-called abductor and adductor, as well as the flexor brevis and pollicis muscles, inserted into the sesamoid bones and base of the first phalanx of the great toe.

But whilst these muscles principally influence the longitudinal arch and the internal series of bones, the external series and transverse arch are not uncared for. For these, provision is made in the arrangement of the tendons of the peroneus brevis and longus. The former, passing behind and beneath the external malleolus, is inserted into the base of the fifth metatarsal bone, thus bracing up the calcaneo-cuboid and cuboido-metatarsal joints; and the latter, passing through the same groove behind the external malleolus, and then along the outside of the os calcis and cuboid, turns sharply on itself, enters a groove on the under surface of the cuboid bone, and, traversing the under surfaces of the three cuneiform bones, is inserted on the tarsal end of the metatarsal bone of the great toe. The tendon consequently describes two acute curves or angles, the first between the external malleolus and the cuboid, and the second between the cuboid and its insertion. In the latter course, it preserves the transverse arch, bracing the three cuneiform and the cuboid bones together; but being exposed to displacement from the acuteness of its angle, provision is made against this accident by the prominence of the margin of the cuboidal groove behind, and the attachment of the adductor pollicis and flexor brevis minimi digiti in front.

[The lecturer then referred to a dissection by Mr. Moseley, in which it is shown that the transverse arch is also strengthened by a peculiar distribution of the tendon of the tibialis posticus muscle, which, in addition to its insertion into the scaphoid and internal cuneiform, sends off a strong tendon diagonally across the foot to be inserted into the cuboid and base of the fifth metatarsal bone; and, as if to confirm the opinion which Mr. Hancock had expressed as to the assistance rendered by

the adductor pollicis and flexor brevis minimi digiti muscles to the long peroneal tendon, this prolongation of the tibialis posticus gives off two diverticula, which pass for insertion to the bases of the second and third metatarsal bones.]

And, lastly, with regard to the other proposition—whether the long plantar ligament or fascia possesses in itself such an amount of contractile power combined with elasticity as to admit of its yielding sufficiently to deaden or counteract shock, and subsequently to resume the requisite amount of solidity or rigidity to enable it to maintain the integrity of the arch,—we obtain a reply in the negative from the arrangement of parts, which shows that, after all, the influence exerted by this fascia over the longitudinal arch is passive and mediate, and neither active nor direct; indeed, it is very questionable whether its fibres are ever stretched, or even extended, under pressure or shock, since especial care is taken to prevent their being so. The ligament does not pass straight across from point to point, but describes a curve the concavity of which looks downwards—corresponding, in fact, to the plantar arch; and this curve is preserved in the various positions of the foot by a very ingenious contrivance, and upon which the elasticity and at the same time firmness which is the perfection of walking mainly depends. The three muscles constituting the first layer of the muscles of the sole of the foot—the abductor pollicis, flexor brevis podis, and abductor minimi digiti,—which serve, as we have seen, to fix the anterior pillar of the arch when the latter is subjected to pressure, have a very peculiar origin. They arise from bone—the inferior surface of the os calcis—by their upper surfaces, and from the long plantar ligament by their lower. This arrangement not only adds strength to the muscles by increasing their extent of attachment, but, through it, the muscles, when called into action, cannot exert their influence from before backwards upon the anterior pillar of the arch without at the same time acting from below upwards upon the plantar fascia, whereby its strength and tensity, and at the same time its relation to the bony arch, are effectually preserved where otherwise they would be destroyed. The result of this arrangement is well seen in the foot of the dancer when moving about on the tips of the toes. Here the arch is not destroyed, but, on the contrary, is usually exaggerated—due, no doubt, to the great force which these muscles have to exert during this particular movement acting not only upon the anterior pillar of the arch, but at the same time upon the plantar fascia.

A CASE IN WHICH TYPHOID FEVER AND MEASLES WERE COINCIDENT.

BY W. B. KESTEVEN, F.R.C.S.

ON the 14th, 15th, and 16th of last December, a girl, aged fourteen years, was ill with measles. A few days afterward, another girl, aged eleven years, was indisposed, and suffering from symptoms of fever of the enteric type. On or about the 30th of December, a few of the rose-coloured spots characteristic of typhoid fever made their appearance, and increased in number, but did not exceed thirty or forty over the whole of the trunk. On the 8th of January, two younger children presented the ordinary symptoms and eruption of measles, and passed through the disease in the usual course.

On the 8th of January I was considerably puzzled by finding my typhoid patient exhibit the general symptoms and special rash of measles in addition to that of the enteric fever. I began to doubt the correctness of my diagnosis as to either the one or the other of the two diseases, and was, therefore, only too glad to avail myself of the superior judgment and greater experience of Dr. Jenner, who, after careful investigation into the history and condition of the patient, confirmed my opinion that I had here a case in which these two eruptive fevers were coincident. At the same time my doubts were more than justified by Dr. Jenner's statement that he had only once before met with such an occurrence. The rarity of such coincidences is, therefore, obvious; but their occasional occurrence has been recorded. Thus Mr. Broke Gallwey published in THE LANCET of the 28th of August, 1858, a case of Small-pox supervening on Measles, and another on Scarlatina. In the *Journal of Public Health* for October, 1856, is published a paper of my own, read to the Epidemiological Society, and in which I described a series of cases wherein measles and scarlatina were concurrent. Doubtless other instances of the same kind have happened; but I have notes only of the above.

It may not be uninteresting, with reference to etiology in the above case, to add that exactly opposite the house in which it occurred there is one of the ventilation gratings of the street sewer. I do not doubt that these openings have much to do with the spread of typhoid fever in the suburbs of London. I have been in practice in this place nearly thirty years, and for upwards of twenty years of that period I never met with a case of typhoid fever. Since the new sewers have been made the cases have become very numerous. Doubtless it would be a great benefit to do away with cesspools in crowded districts; but it is doubtful whether, as at present constructed, without ventilation shafts, the sewers are anything better than elongated cesspools, diffusing through their air-gratings the causes or abettors of various forms of disease.

Holloway, June, 1866.

CASE OF LONG RETENTION OF FOREIGN BODIES IN THE INTESTINES WITHOUT SERIOUS SYMPTOMS RESULTING.

BY EDWARD W. H. PILCHER, ESQ., M.R.C.S.,
RESIDENT MEDICAL OFFICER TO THE PECKHAM HOUSE ASYLUM.

M. B—— was admitted into the asylum on the 5th of December, 1862. The patient was described as being forty years of age, but she had the appearance of being over fifty. She was of tall stature; spare habit of body; anæmic complexion; head of moderately good conformation; eyes light-hazel; pupils very widely dilated, but regularly so, and fairly and equally sensitive to light; tongue furred; pulse regular, soft, and very compressible; skin hot and dry; respiration normal; teeth all loose; catamenia absent. She was suffering from acute melancholia; refused food, but would assign no reason for so doing; very taciturn. She continued in about the same state—sometimes better and taking her food, and then again relapsing—till January, 1864, when she had a very sharp attack of rheumatic fever, from the effects of which she was some time recovering. At the latter end of August, 1864, it was discovered that she had been swallowing foreign substances, with a view to self-destruction. The only information to be gained from the patient herself was that she had swallowed some garden nails used in training the rose trees &c. against the wall of the airing court; and that, as they seemed to stick in her throat, she had swallowed stones to force them down. She was immediately put to bed, with the view of preventing her from swallowing more things, and that she herself and the evacuations might be steadily watched. A small dose of castor oil was also administered. The next day she began to pass per anum one or two pieces of broken crockeryware of a triangular shape, having a base from half an inch to an inch, and from half an inch to one inch and a quarter in altitude, together with pieces of glass of about the same shape and size, and one or two garden nails and one stone. There were severe enteritic pains, which were relieved by sinapisms over the abdomen, and large linseed-meal poultices on their removal. These pains occurred at intervals during the whole time the foreign bodies were passing, extending over a period of ten weeks, and were always relieved by the same remedy, and small doses of castor oil occasionally. During this period she took *passively* everything that was given her, and improved in bodily health and appearance, had more colour, and grew fatter (probably from the effect of the iron that was being gradually absorbed). The total amount passed that was found weighed ten ounces, and consisted of nineteen sharp garden nails, one 2½-inch screw, pieces of broken crockeryware and glass, one needle (broken), two pins, whalebone, &c. Shortly after she ceased to pass any foreign substance she again refused food, fell away in flesh, although extra diet and tonics were given her, and for the past six months she has been kept alive by food given her twice or thrice daily by the stomach-pump. She never speaks, but lies in bed or sits in an easy-chair without motion, taking no notice of anything that is going on around her.

The peculiarity of this case consists, perhaps, not in the fact that the foreign bodies were swallowed—which is not very uncommon in cases of melancholic mania,—but that they should have remained for so long a period (ten weeks) in the

intestines without producing more serious symptoms. That only one stone was found I attribute to the fact that, being taken from water-worn gravel, they were more or less round, and so produced less intestinal disturbance, and had passed more rapily through the bowels than the angular pieces.

Peckham, June, 1866.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

RENAL DROPSY; TYPHOID FEVER; SCARLET FEVER; ACUTE NEPHRITIS; DEATH.

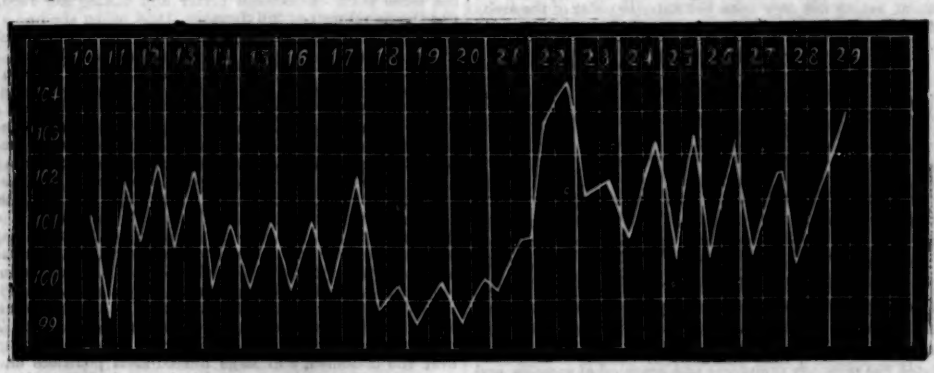
(Under the care of Dr. BARCLAY.)

NEITHER the typhoid fever in the following case nor the scarlatina which, by a curious complication, supervened, was severe in character. The fatal result was evidently due to acute nephritis attacking kidneys already disorganized by previous disease. The chart of thermometrical observations, for which, as well as for notes of the case, we are indebted to Dr. Reginald Thompson, medical registrar, shows very clearly the sudden rise in temperature which marked the occurrence of scarlatina as well as the characteristic fluctuations during the progress of typhoid symptoms. Owing to the patient not having been admitted until the tenth day of the disease, the observations of the temperature only commence at that date. The results of Wunderlich's observations, our readers will remember, show a remarkable regularity in the thermometrical ranges at the onset of the disease, which may be thus briefly summarized:—1st day: Morning, 98·5°; evening, 100·5°. 2nd day: Morning, 99·5°; evening, 101·5°. 3rd day: Morning, 100·5°; evening, 102·5°. 4th day: Morning, 101·5°; evening, 104°. On the third or fourth day the height of the fever is attained, when the temperature in the evening amounts at least to 103·5°. From that time onwards the fever proceeds in regular stages of weekly and half-weekly periods. The figures of the successive temperatures may not follow exactly the standard we have given, but they will always conform, with greater or less exactness, to this *order of succession*; and, in particular, the remarkable changes which regularly occur between evening and morning are highly characteristic of typhoid fever. The zigzag line in the accompanying chart marks their occurrence between the tenth and twentieth days.

Roger R——, aged twenty-two, was admitted in December, 1865, with dropsy and albuminuria of nine months' date, and was sent out in the course of the following month much improved in general health, the dropsy having subsided. He was readmitted in March, 1866, with the usual symptoms of typhoid fever. The history was that he had been seized ten days before with shiverings, headache, and loss of appetite; followed in two days by vomiting, and in four days by diarrhœa of a severe nature.

On admission he was very pale; the legs were slightly œdematous; there were a few rose-coloured spots on the belly, but no pain or tenderness. Tongue very large and red, with a dirty fur and a tendency to ulceration at the edge. The urine was full of albumen with some blood, very dark-coloured, scanty, and muddy; specific gravity 1020. For three days after admission fresh crops of rose-coloured spots made their appearance, but no very severe diarrhœa occurred while he was in the hospital; and during the third week of the fever he was making very good progress towards recovery. This was indicated by the thermometer, as will be seen from the accompanying chart, from the sixteenth to the twentieth day: the pulse during these days varying from 88 to 92 beats in the minute; the urine being increased in quantity, and clear, but albuminous.

In the following chart the observations made at ten A.M. and six P.M. are recorded in degrees of the Fahrenheit scale.



On the twenty-first day of illness he began to complain of fresh symptoms. He was uneasy; had rigors, and was much flushed; suffered from pain and heat in the stomach; and the urine was diminished in quantity. From the chart it will be seen that the thermometer indicated a rise in temperature, which was very much increased on the following day. The pulse-rate rose from 96 on the twenty-first day to 120 on the twenty-second.

As to the nature of the complication from which the patient was suffering, the thermometer indicated that it was either scarlet fever or erysipelas; it eventually proved to be the former. In the evening of the twenty-second day the rash of scarlet fever made its appearance, and sore-throat was complained of on the following day. The rash was slight, and faded on the twenty-sixth day; but on the twenty-seventh day he was evidently not so well; was very heavy; the pulse was rapid; and the urine much diminished in quantity. The total amount of the urine passed during the twenty-four hours was therefore collected, and found only to amount to four ounces; it was full of albumen, and contained some transparent casts of extraordinary dimensions, with renal epithelium and pus in large quantities. On the twenty-ninth day the breathing was extremely rapid, 52 in the minute. He complained of pain in the right side and stomach, was livid and delirious, and was evidently dying. A senna injection was at once administered, and he was dry-cupped over the loins; but he never rallied, and died in the afternoon of the twenty-ninth day of illness.

The following notes of the autopsy are taken from Mr. Whipham's record in the post-mortem register.

The right pleural cavity was full of thin bloody fluid, the lung being quite collapsed. The kidneys were very large, weighing twenty ounces; the capsules were thickened, and slightly adherent. The surface was smooth, pale, and mottled. A section under the microscope showed the uriniferous tubes quite choked with epithelium. The small intestines were congested, but no traces of ulceration could be discovered except near the ileo-cæcal valve, where one or two small patches, thickened and raised above the mucous membrane, were found.

ST. MARY'S HOSPITAL.

A CASE OF RED SOFTENING OF THE BRAIN; HEMIPLEGIA OF THE RIGHT SIDE, WITH RIGID MUSCLES.

(Under the care of Dr. SIBSON.)

THE differential diagnosis of *ramollissement* of the brain from cerebral hæmorrhage is often attended with much uncertainty. In the two cases which follow the true nature of the affection was recognised during life; but in Dr. Sibson's, at least, the symptoms might easily have been referred to cerebral hæmorrhage, and doubtless would have been but for the existence of permanent rigidity. In both instances there was marked rigidity of the muscles on the affected side, which continued more or less throughout the attack. This condition is one which lends important aid to the diagnosis, though its absence is by no means conclusive. Andral relates that out of twenty-three cases of red softening which he observed, there was muscular rigidity in ten. As a general rule, probably, vertigo, sudden loss of consciousness, and paralysis on one side of the body, in a case where cerebral symptoms have not previously existed for any length of time, indicate hæmorrhage on the opposite side of the brain. On the other hand, *ramollissement* may be suspected in a case where vertigo, formication, and spasms have existed for more or less time, and paralysis has gradually or suddenly supervened. If this be attended with permanent rigidity, the diagnosis becomes much strengthened. The thermometrical observations are very interesting. At first the temperature in the axilla of the paralysed side was 2° *below* that of the other. Three days afterwards the two sides were equal. On the day of the patient's death the temperature on the affected side was 3° *above* that of the sound side.

For an account of the history we are indebted to Mr. N. T. J. Haydon, house-surgeon.

Wm. C——, about fifty years of age, healthy-looking but thin, by occupation an ostler, went to work as usual on the morning of March 13th, 1866, and was found soon afterwards lying in the stable near the horses. He was immediately brought to the hospital.

On admission he was semi-comatose, with somewhat stertorous breathing and occasional sighing. When spoken to he endeavoured to speak, but failed to express himself. His face was drawn to the left side, and the left forehead was more wrinkled than the right. His eyelids were equally raised; left pupil slightly dilated, right normal; both contracting on the stimulus of light. The right cheek puffed out with expiration when the lips were closed. The tongue was protruded with difficulty, and was inclined to the right side. The right arm was completely, the right leg partially, paralysed. On a catheter being passed both legs were moved, but the left much more than the right. The right arm was semi-flexed and its muscles rigid; those of the left flaccid. The muscles of the right leg were also rigid. When the feet were tickled both legs were moved. The excretions were passed involuntarily. The temperature of the right axilla was 96° Fahr.; that of the left 98°. He was put on broth diet, with milk. Aromatic spirit of ammonia was ordered, and a blister over the left occiput.

March 16th.—His condition is much the same. He protrudes his tongue when told to do so; it is brown. The breathing is more stertorous and laboured. The mouth is not so much drawn. Temperature in both axillæ, 100° F. Respirations 26; pulse 80, full, not labouring. Three or four ounces of brandy were ordered.

19th.—He seems a little brighter; the left pupil is not so much dilated as it was; the muscles of the right arm are not so rigid.

20th.—To-day the right pupil is much more dilated than the left; they both, but the right chiefly, contract on exposure to light. The right arm is not so much contracted, and its muscles offer less resistance. Does not move either leg on the feet being tickled.

22nd.—His eyes look dull; the right pupil is slightly dilated. Both eyelids drop, but the left more than the right. He is more comatose than he was yesterday; he endeavours to put out his tongue, but fails in the effort; his breathing is more labouring; respirations 45; pulse 130, weak and compressible. The muscles of the right arm are less rigid; temperature of right axilla, 101° F.; left, 98°. He gradually sank, and died in the afternoon, nine days after admission.

Post-mortem examination.—On exposing the brain by the removal of the calvaria, it was observed that the finger applied to the right hemisphere was sustained by it, but sank in far more than its own thickness when laid upon the left. Horizontal section of the left hemisphere displayed a mottled and faint-red tint, with numerous, somewhat tortuous, red vessels. A portion of this substance placed under the microscope presented numerous varicose capillaries, the walls of which were thickened in parts, but did not present fatty or calcareous degeneration. There were large exudation corpuscles scattered throughout the softened brain-structure exposed by this section. The left corpus striatum was of a fawn colour, and the structure outside of it was granular and friable. As regards extent, the softening occupied the greater part of the white structure of the hemisphere, the corpus striatum, slightly the optic thalamus, and to a doubtful extent the convolutions.

UNIVERSITY COLLEGE HOSPITAL.

A CASE OF RED SOFTENING OF THE BRAIN; HEMIPLEGIA OF THE RIGHT SIDE, WITH RIGID MUSCLES.

(Under the care of Dr. JENNER.)

WE had the opportunity of witnessing the post-mortem examination of the following case, which, as Dr. Jenner remarked, was one of pure softening of the brain. The woman had lived to the age of forty-eight years only. Dr. Jenner spoke of her as an old woman. Old age, he pointed out to the pupils, is not a question of years, it is a question of "wear." One man loses his hair, another his teeth; in another the skin loses its elasticity, and hangs in folds, no longer able to adapt itself rapidly to changes of condition. This woman was "old" as regards her lungs, which were shrunk, had lost their elasticity, and were flabby. "In these cases of atrophous emphysema," Dr. Jenner incidentally remarked, "you cannot judge of the amount of lung-substance from the length of the thorax. The lower ribs under which it is deficient fall in, and what lung there is remains shrunken at the upper part of the chest."

A. B——, aged forty-eight, the mother of a large family, was admitted Feb. 15th, 1866. It is noted that she had been of active habits, and apparently healthy until four months previously, when she became negligent of herself and her family, and seemed to have no care for anything in life. On one day during Christmas week she had a sort of fainting fit, became very pale, and lost consciousness for a minute or so, and frothed at the mouth. She did not fall. She continued semi-conscious and very irritable in temper for two or three days. The power of moving her right arm and leg was partially lost. She was, however, able to walk about with some little assistance until within three weeks before admission. In the middle of January her right arm began to get rigid. On Feb. 2nd she suddenly fell, and bruised herself, but her husband said she had no fit.

When admitted she had some incontinence of urine, which continued until her death. Her speech was but slightly affected. She had difficulty in swallowing, and was frequently nearly choking. She lay on her right side, was restless, and when asked for her hand held out the left. There was absolute paralysis of motion in the extremities of the right side, and sensation was also somewhat impaired. The right arm was constantly flexed, and its muscles extremely rigid. The right leg was extended. Attempts to extend the arm caused her much pain. The passage of the interrupted electric current showed but little difference of irritability in the two arms, but if anything the right was rather more influenced than the left. She gradually became more and more stupid and unconscious, at last refusing her food, and died on the 4th of March.

Post-mortem examination on the following day.—The body was that of a short, moderately-nourished woman. On removing the calvaria it was found very adherent to the dura mater. The left hemisphere was generally much more vascular than the right, and on its surface were vessels gorged with very dark blood. The convolutions on this side (the left) appeared shrunk and atrophied, the intervening sulci being wider and deeper than those of the right. The arachnoid membrane on each side was transparent, and the fluid beneath clear and colourless. The lateral ventricles were large, and contained much transparent colourless fluid. Red points in

the brain-substance were very numerous, especially on the left side. The septum lucidum was somewhat softened—possibly a post-mortem change. There was a very vascular condition of the velum interpositum; but this was not otherwise diseased. The base of the brain was generally healthy, although, perhaps, a little more vascular than usual. There was no appearance of lymph. The coats of the basilar artery were somewhat thickened. The soft commissure, pineal gland, and corpora striata were all healthy; the choroid plexuses very vascular. The brain-substance of the hemipheres sliced from before backwards was found of normal consistence. There was a small clot in the floor of the fourth ventricle not larger than two pins' heads, and weighing, perhaps, a few grains. It was connected with another and somewhat larger clot on the under surface of the right lobe of the cerebellum, where it overlaps the medulla oblongata, and helps to form the upper part of the calamus scriptorius. There was no change of consistence in the floor of the fourth ventricle. Near the surface of the *right* optic thalamus was a spot about the size of a pea, redder (more vascular) than the adjacent parts, but not manifestly softened. Under the microscope this was found to consist—1st, of broken-up brain-substance; 2nd, a great quantity of dark granules, probably altered blood; 3rd, great numbers of small granular corpuscles; 4th, masses of orange-coloured pigment. On the lower part of the *left* optic thalamus there were some irregular spots of red softening, very small, and giving a cribriform appearance to the structure. Under the microscope this was found to contain a great quantity of large granular corpuscles, mixed with oil-globules. On each side the middle cerebral artery, running in the fissure of Sylvius, was found to have its coats irregularly thickened and opaque; but this was most apparent on the left. The only other important changes noted were in the lungs, which were flabby, and in a state of atrophous emphysema. They shrunk inwards from the chest-wall, and as a result the lower ribs had a more than usually oblique direction.

GUY'S HOSPITAL.

CROUP; TRACHEOTOMY; FATAL HÆMORRHAGE ON THE FIFTH DAY AFTER OPERATION FROM ULCERATION INTO THE INNOMINATE ARTERY.

(Under the care of Dr. WILKS.)

THE accident by which the fatal result was caused in this case is not unexampled. Mr. John Wood has recorded (Transactions of the Pathological Society, vol. xi., p. 20) a case in which "the tracheotomy tube in respiration had caused an ulceration downward, reaching at length the coats of the innominate artery, into which a small opening had formed, producing fatal hæmorrhage." In the case under notice the imperfection of the tube which was used appeared to have caused the ulceration. There is no doubt, however, that the extremely thin and sharp edges which are often seen in tracheotomy canulas, supposed to be perfect, form a source of danger which a little ingenuity on the part of instrument makers might materially lessen.

A. R——, aged two years and three months, a well-nourished and healthy-looking girl, was admitted Dec. 13th, 1865, at eleven P.M., suffering from croup. The father stated that up to ten A.M. of the same day the child was perfectly well. She then fell ill, became feveriah, and had difficulty of respiration. A medical man in the evening administered three doses of ipecacuanha wine, which caused slight vomiting. He then sent the child to the hospital.

On admission it was noticed that scarcely any air entered the chest during inspiration. The child was semi-conscious. Dr. Wilks advised tracheotomy, as affording the only chance of recovery. The house-surgeon (Mr. Eastes) performed the operation at midnight, inserting a canula that had seen much service, was much thinned, and consequently easily bent. The canula was of the old variety; it had an inner tube, accurately adjusted, and a little longer than the outer, which was slit after the usual fashion for half an inch in its concavity at the internal extremity. One of the edges of this slit was subsequently found slightly everted, producing consequences fatal to the patient. Immediate relief of the urgent symptoms followed the operation. The child was supposed to be progressing favourably; she played with her toys, was taking plenty of nourishment, and the mucus coming from the tube was no longer thick, dark, and tenacious, but had become thin and lighter in colour; when suddenly, on the fifth morning after the operation, the attendant nurse heard the usual gurgling sound indicating that the tube wanted clearing. A great stream of blood immediately issued from the interior of the tracheotomy tube; it at first spirted to some distance into the ward, then came more gradually, and finally a little blood ran from the nose and mouth. In five minutes life ceased.

The body was examined twenty-seven hours and a half after death by Dr. Moxon, of whose report of the post-mortem appearances the following is a summary:—The tube was still in the wound. When the chest was opened, and air blown into the aorta, the parts about the wound being untouched, the air with a little blood came up through the tube, and not anywhere else. The larynx, trachea, and bronchi were healthy throughout. In the anterior wall of the trachea were two apertures: the upper elongated, through which the tube entered the trachea; the lower, separated from the former by two healthy tracheal cartilaginous rings, was a circular ulcerated patch, caused by, and corresponding to, the end of the canula, and allowing the canula to pass through. There was no reddening of the trachea near the ulcer; no inflammation extending from it downwards. The canula had one edge of the fissure at its entering end raised up, so that a sharp point was offered, which presented to the trachea, and was evidently the cause of the fatal ulceration. The canula had passed through the lower of the two apertures above mentioned, and ulcerated its way through the posterior wall of the innominate artery near the origin of that vessel from the aorta. Thus the canula was within the vessel catheterizing the aorta; it contained at its end a little loose clot. The lungs collapsed quite perfectly; a very few patches were airless—not so much so as to sink in water. This state was strictly limited to particular lobules on the hinder part of the lower lobes of either lung. On section there was no exudation whatever from the lung, which was dry and bloodless. The ventricles of the heart were firmly contracted, and perfectly empty. The stomach and other parts of the intestinal tract were bloodless throughout; no ulceration nor any other disease existed. The liver, spleen, and kidneys were pale, but otherwise healthy.

CROUP; TRACHEOTOMY; RECOVERY.

(Under the care of Dr. BARLOW.)

There was a point of interest, also, in this case. The tracheotomy-tube, which had been removed at the end of a week, required to be introduced a second time, owing to symptoms of imperfect aëration presenting themselves.

J. L——, aged four, from Deptford, a strong girl, the "very picture of health," was admitted at one P.M. on the 23rd of December, 1865. Had been ailing the previous day, and in the night symptoms of croup came on; these increased in intensity as the morning advanced, and at midday her father brought her to the hospital. There was great difficulty in respiration, and the chest filled but very little with air. Dr. Barlow advised tracheotomy, which was performed by the house-surgeon, Mr. Eastes, at three P.M., a new tube being used.

Dec. 30th (seventh day).—The discharge from the tube, which was slight just after the operation, increased considerably in quantity, and became more viscid and stringy for the first two or three days, then remained stationary, and to-day is much thinner and less profuse in quantity. She can breathe by her mouth, and speaks a few words hoarsely. The tube is removed this afternoon.

Jan. 3rd, 1866 (eleventh day).—Each day since the last report respiration has become more difficult; she can breathe but very little by the mouth, and the lips of the wound in the throat are quickly uniting, so that very little air can pass that way. To-day the symptoms of deficient aëration of the blood are so serious that the tube is again inserted, with great and instant relief.

10th (eighteenth day).—If the tube be blocked by the finger she can talk plainly, and can blow out the flame of a candle, so the tube is once more removed; no troublesome effects ensue.

28th (thirty-sixth day).—She has progressed rapidly and favourably for the last eighteen days. The wound in the throat is quite healed, she can talk as well as ever, and is quickly regaining her former healthy appearance. Discharged.

THE population of the United Kingdom at the middle of 1866 were—England and Wales, 21,210,020; Scotland, 3,153,413; Ireland, 5,571,971; total, 29,935,404.

GENERAL COUNCIL
OF
MEDICAL EDUCATION AND REGISTRATION.

Session 1866.

ROYAL COLLEGE OF PHYSICIANS.

MONDAY, MAY 28TH.

THE first business was the consideration of the report of the committee on the communication from the Under-Secretary of State for War.

Sir D. J. CORRIGAN (chairman of the committee) brought up the report, and moved its adoption, which was seconded by Dr. A. Smith.

Dr. PARKES said he thought it would be extremely impolitic to accede to the proposal of the committee for several reasons. He did not think there was a single army surgeon who would desire to put "apothecary" after his name, for there was a very strong objection on the part of medical men in the army to that term. With regard to the manner in which the term was proposed to be indicated, he saw great difficulty. It was suggested that the abbreviation should be "Ap." or "Apy." It was perfectly ridiculous. It would be suggested that the medical officer had some relation to those animals with whom few people were careful to claim relationship. If they could suppose the introduction of the aspirate, and make it read "Surgeon and happy," there might be some inducement to the War Office to accept the proposal, and then there might be no lack of candidates. It was also proposed to have "Ph." or "Phn." People would say, "What does that mean? What sort of appendix does the man carry about with him?" In fact, it would form a subject for all sorts of bad jokes. The letter was no answer, or at any rate but a very imperfect one, to the communication of the Secretary of State for War. It would be seen at once that the letters now proposed were not in the Medical Register. If the answer suggested by the committee were to be sent to the Secretary of State for War, no doubt the Council would next year receive an extremely polite letter from him, asking them to reconcile the discrepancy between their opinion in 1865 and their letter of 1866. No doubt he would state that the Council was known to be a most profound deliberative body, and accustomed to spend a great deal of time on the consideration of most minute questions, but that he nevertheless found some difficulty in reconciling the two things. What would then be done? No great question was settled by the Council under a long time, for almost every gentleman found it necessary to express his opinion upon it, and some gentlemen wished to do so two or three times, and there were even some who wished the Council to understand not merely what they thought at the present time, but what they thought in the years 1865 and 1864; in fact, the question would become interminable. Perhaps the members of the Council might be acquainted with a very admirable novel called "The Initials." Possibly Sir Dominic Corrigan wished for a second edition of that; or he might have a still higher literary ambition, and wish to write, not a novel, but a comedy. He (Dr. Parkes) begged to move the following amendment: "That the registrar acknowledge with thanks the receipt of Sir E. Lugard's letter, and inform him that, on further consideration, the Medical Council has decided not to urge the matter referred to in Sir Edward's letter on the attention of the Secretary of State for War."

Mr. SYME seconded the amendment.

Dr. A. SMITH said there would be no difficulty in understanding that "Apy." was an abbreviation for apothecary, just as "Kt. Gtr." stood for Knight of the Garter, and so on.

Dr. EMBLETON explained that while this committee was sitting he had been unable to attend, being busy with another committee. If he had attended, he thought he should have objected to the report. He should support the amendment.

Dr. STORRAR said there were differences and degrees of a very important character which it would be unwise to mix up in the one title "Phn."

Sir D. J. CORRIGAN said, in many cases where "Surgeon" was inserted it included all kinds of qualification, whether as fellows, members, or licentiates; and the proposal now was to insert "Phn." as including all persons having medical degrees or licences in like manner. There was no desire to force their views on the Secretary of State. They were simply answering an inquiry. Dr. Parkes had suggested that it might be his (Sir D. J. Corrigan's) intention to write a farce. If such had been his intention he should certainly not have taken as the principal character the Secretary of State for War. This remark came with exceedingly bad grace from Dr. Parkes; and, in reply to it, he (Sir D. J. Corrigan) might say that if ever he did write a farce the principal character in it should be that of a gentleman whose jokes would be sure to move the audience by the amount of time and labour devoted in making them. (Laughter.) Dr. Parkes had said the title "Apothecary" would be distasteful; and this was a part of his speech which he (Sir D. J. Corrigan) must confess was the bitterest censure he ever heard upon the Army Medical Department. Was the Council to be a party to enabling the Army and Navy Medical Departments to receive a qualification which they wished to withhold from the eyes of the public? He would never recognise such a principle. If the medical authorities of the army desired to conceal the appendage, then they ought to be ashamed to receive it; and the Council would be doing a good thing in stimulating them to require a higher qualification. With regard to Dr. Parkes's suggestion that the abbreviations would lead to interminable inquiries and ridicule, he found, on turning to the second page of the Army List, no less than sixteen abbreviations, some of them consisting of four letters; and if Dr. Parkes's plan was to be adopted of supplying an aspirate or a vowel there would be no end to the bad jokes which might be made upon those abbreviations. The simple question asked of the Council was, "In what manner are the qualifications to be inserted?" And the committee had endeavoured to reply on the principle of treating parties as nearly as possible with equal justice.

The question was then put, when there appeared—For the amendment, 12; against, 4; declined to vote, 4.

The amendment then became a substantive motion, against which

Dr. QUAIN moved, as a further amendment,—"That it be recommended to the Secretary of State, under the difficulties of adopting initials capable of indicating the qualifications possessed by all army surgeons, to omit all initials as indicating professional qualification."

Dr. ALEX. WOOD thought the present discussion ought to be a warning to the Council as to how they travelled into subjects which were beyond the powers given by the Act of Parliament. He did not see what the Council had to do with the way in which the Army List was published, and he had thought it was a mistake, some years ago, to interfere in the matter at all.

Dr. Quain's amendment was then put and lost.

Dr. Parkes's motion was carried by a majority of 14 to 4, three members declining to vote.

The PRESIDENT said the next matter for the Council was the consideration of the reports on the visitations of examinations.

Dr. ALEX. WOOD said he might perhaps be allowed to submit to the Council his view of what should be done with these numerous documents. He should, of course, conclude with a motion, so as to be in order, but he should not press it upon the attention of the Council if he found there was any great opposition. It was of great importance that on the first occasion of dealing with these reports the Council should come to some general agreement, so that there should not be one section fighting against another, but that the reports might be made more useful year by year. He could not make these remarks without congratulating the Council upon the result of the first attempt. No one could look at the documents now placed upon the table without being satisfied that they had done some good, and that they were susceptible of doing a great deal more good. He said this all the more because the plan by which he thought that part of the Act of Parliament which related to the visitation of examinations should be carried out was not the plan ultimately adopted by the Council. It would be in their recollection that some years ago a committee was appointed on which he had the honour to act as chairman, and which committee, having the assistance of other able members, suggested that there should be appointed individuals qualified by extensive knowledge to act as inspectors of examinations, very much in the same way as the Government appointed inspectors to visit examinations of the various schools receiving Government pay. He still maintained this opinion, but he thought that the result of the visitation of examinations by the Council had been highly satisfactory, and that if they went on in the way in which they had begun, it was quite possible they might convince even those who were most doubtful of their success. If he entertained the opinions which were so strongly expressed by some members as to the

utter uselessness of the Council, the kind of thing he would go in for would not be a royal commission to examine this Council or any other bodies as to what was the best Bill, but he should advocate the passing of such an Act of Parliament which, without superseding the examining bodies, should appoint visitors of examinations with powers very similar to the powers given to the examiners of the primary schools throughout the country; but he hoped the Council would not give the Government any excuse for such a step, but would show that it was not the useless body which some of the members would wish to represent. He thought he could not appeal to anything more strongly than to these reports to show the energetic way in which the Council had set about its duties after what he admitted had been a long delay. The first thing it occurred to him to do was to request the Branch Councils to continue these visitations of examinations. The plan was new to the Branch Councils, and, there being no rules laid down, it was very much to their credit that the reports had been as efficiently made as they had been. There was a great deal of information to be gained from them, and those who wished to raise the standard might take very valuable suggestions occurring in regard to the examinations of other bodies. He knew that with respect to the body which he represented they would endeavour to make improvements, and he had no doubt the same would be done by other bodies. But that was not all. If he looked into the reports he found that there were special points to which attention was called by the visitors. The question then arose as to what was to be done with the suggestions. Were they to be allowed simply to remain in the reports, to be seen or not seen, as the case might be, by the bodies to whom they referred? or would it not be a better plan if, in the kindest spirit, the Council appointed a committee to sit and extract from these reports those parts of the examinations which appeared to the visitors to be defective, and send them down to the various bodies, not as an injunction, not as a command, but as giving them an opportunity of seeing how the matter appeared to a looker-on deputed by the Council? He felt sure there was not a single body represented in the Council which would not be anxious to comply as far as possible with the directions given. This, then, was the general idea which he would throw out:—First, that the Council should receive the papers, and order them to be entered on the Minutes for the information of all the examining bodies; secondly, that the Branch Councils should be requested to continue the system for another year; thirdly, that a committee should be appointed to report to-morrow upon the various suggestions made by the visitors of the examinations (which would not take very long), and that these suggestions should be embodied in a separate report in the shape of recommendations to be sent down to the various bodies. It would then be one of the duties of the visitors of examinations next session to see whether the bodies had adopted the suggestions. He did not say that any steps ought to be taken in case of their not doing so; but perhaps next year, if the defects remained strongly marked, it might be for the Council to consider whether it should not deal more specially and strongly with them, so as to induce them to bring their examinations more into conformity with what was conceived to be creditable to medical men. The course which he proposed could not offend any of the examining bodies, but they would feel that they were being dealt with in a friendly spirit. He should at present move—"That the Reports of the Visitations of Examinations be received, and entered on the Minutes."

Mr. SYME seconded the proposition, which was carried unanimously.

Dr. ANDREW WOOD said he was surprised that Sir D. J. Corrigan last year should move a resolution which had a tendency to cripple the movement; but he was happy to say that, notwithstanding that, the members, with one or two exceptions, discharged their duty to the best of their ability. He certainly thought it was a hard thing that Sir D. J. Corrigan should have brought forward a motion refusing to pay the members of the Council at the time that he refused to do the duty himself.

Sir D. J. CORRIGAN said he did not refuse to perform the duty at the time, but afterwards, and for other reasons.

Dr. ANDREW WOOD said he was merely stating a fact. The great thing, as it appeared to him on the present occasion, was to try and come to some determination as to what was to be the nature of the reports which the visitors were expected to make, and what points they were to enter into in detail. He did not know what was felt in England or Ireland; but he knew in Scotland they felt a great deal of difficulty in regard to this matter. They did not know whether they were to go and give a mere statement of facts, or to express their own views upon what they observed, and suggest remedies for any defects. He hoped the public would not judge of what the visitations would be in future years from the reports of the present year. If proper instructions were given, the reports would redound to their credit. He did not mean to say that the present reports did not redound to their credit under the circumstances; but if he were called upon to say what reports of visitations were best calculated to secure the objects they had in view, he would say it was the reports brought by the English deputations. Now, in looking over these reports, several things had struck him. A great deal appeared to depend upon the individual or individuals who conducted the visitation. In some cases he observed that a great deal of pains had been taken, so that the Council could see at once, on reading these reports, all the good points and all the defects of each examination. On the other hand, he felt that some of the reports were extremely partial, and a cursory view of them might lead to the idea that the bodies whose examinations were only partially reported upon were not fully up to the duty which they had to discharge, or were not fully carrying out the measures which were necessary for testing the candidates for diplomas. He made this remark because the body which he himself represented was only partially reported on. He wished that they could have had a report upon their preliminary examination as well as upon the medical examination, and that the whole matter could have been laid before the Council. As far as they were concerned, they were desirous of courting the utmost publicity, not because they wanted to magnify their own importance, but for the purpose of adopting any suggestions which might be offered, and removing any defects pointed out. He did not know whether it was the disposition of the Council to enter upon the consideration of any of the details; but he would like to allude to one or two circumstances in order to show that progress was being made in the right direction. If he turned, for example, to p. 6 of the English returns, he found what he considered to be a very important and useful fact in No. 1 Report of Dr. Storrar and Mr. Hawkins. It was stated: "The College has altogether ceased to hold any preliminary examination of candidates for the licence, requiring proof of its having been undergone elsewhere." Now he thought this was an omen for good; and, following up that, he would just state what took place in his own body. Before the resolution of the Council came into effect, they were called upon every year to examine some 150 men in preliminary education, and at that time there were no other means of having it done; but he was happy to state that since that time, year by year, they found that fewer men were coming up to their preliminary examinations, and more were going to the preliminary examinations of the universities. It was a good sign, because the duty was an irksome and expensive one; and, to show that there was no wish to induce candidates to come to them for preliminary examination, they always imposed a fee upon the students, while, if they went to the universities, they might get an examination without any fee at all. Now that the Council were going to ascertain who were the proper bodies to be entrusted with these preliminary examinations, the medical colleges would have every reason in a year or two to be glad of being relieved from an onerous duty, knowing that it was put into the hands of universities by which it could be properly carried out. He would like to allude to the Scottish examinations; and he hoped it would not be thought that he had any wish to depreciate the University of Glasgow. Turning to p. 61—the visitation of the examination of the University of Glasgow by Dr. Christison, Dr. Alex. Wood, and Prof. Syme,—he found this observation. After stating by whom the examinations were carried on, the visitors went on to say: "We observed that, during a considerable part of each examination, there was no one present excepting the examining professor and the candidate. We think it would be an improvement were it so arranged that no examination should be conducted unless in the presence of not less than two professors, or one professor and one non-professional examiner, one of whom should take jottings of the subjects of examination. This would be more satisfactory both to the professor and to the candidate. Several of the professors expressed to us their anxious wish that such an arrangement should be made imperative." On turning to the next visitation of Glasgow, page 79, he found it stated—he did not know whether it was in consequence of the previous recommendation or not—that amongst the regulations was the following: "It is expedient that at least two examiners be present during the examination

of each candidate; it being at the same time competent to examine in presence of a greater number or of the entire board in special cases." He merely quoted this to show that by means of moral suasion, without the necessity of any enforcement by the Medical Council, improvements in the mode of conducting examinations might be brought about. He thought it necessary to bring before the Council another subject connected with the University of Glasgow, and it was this—that in the course of the very same examination to which he was now alluding (April, 1862) a matter came under his cognisance so important that he felt it necessary to make a report thereon. "Of thirty candidates who appeared, twenty-one were allowed to retire as being exempted from the written exercise, on the ground of their having obtained certificates of merit in the surgery class. As I was informed that a similar practice of exemption is pursued by others of the Glasgow professors, it may be proper for me to state here what has, since the date of my visit, been communicated to me regarding this matter by the professor of anatomy." He did not single out this case with any invidious view, but because he thought it one of the best examples that could be quoted to show that these visitations were calculated to do good. If the professors of the University of Glasgow, or any other university, considered that the system of class education was a better one, their duty was, not to take the law into their own hands, but to do what was the proper and legal thing for them to do—to go to the Privy Council and ask for a repeal of the law. It was a very hard thing for the University of Edinburgh, which had considered itself bound by law to refuse this system, that the Glasgow University should be carrying on a thing which appeared on the face of it illegal. The great object of the examinations was to make a man give testimony that he possessed knowledge in such a way that he could bring it forward at any time; and he (Dr. Andrew Wood) did not see that any great object was to be gained by the exemption, because any man who was properly up to the mark had nothing to fear from the ordinary examinations. Very often, a man who had got a certain quantity of information from lectures might be able to keep it in his head until the examination was gone through. He felt very strongly on this point, and should be inclined to take further steps; only he believed, from what he had seen already, that the Council had merely to represent, through its visitors, what it conceived to be wrong, in order to get an improvement introduced. If there should be a disposition not to comply with the suggestions, of course the Council would know its duty. He did not think that the system of visitation was yet in full operation. He begged to propose the following resolution: "That the visitations of the examinations, preliminary as well as professional, of the qualifying bodies, by the Branch Councils, or such of their members as they may depute, be continued during the ensuing year. That the reports of the visitors shall apply to every part of the examinations of each body, and shall include a statement of the facts observed, and of the opinions of the visitors as to the efficiency of the examinations, as also such remarks and suggestions on defects in them as circumstances may indicate. That the reports of the visitors be submitted in the first instance to the Branch Councils; and that thereafter the Branch Councils shall direct them to be printed and circulated confidentially amongst the members of the General Council, so that they may be in a condition at the meeting of the General Council in 1867 to consider them maturely."

Dr. THOMSON seconded this proposition.

Mr. CÆSAR HAWKINS said he was much inclined to support the motion, thinking it unnecessary now to adopt the plan suggested of appointing a committee to draw attention to the various circumstances pointed out in these reports. Until the reports had been all got together they could not form any comparison of the modes of examination conducted at different places. He thought it must also be borne in mind that there had been no definite regulations laid down for reporting upon the visitations, and the result was that the reports had been framed upon different principles. In several cases it was not considered by the visitors that it was their duty to make suggestions, or else they might easily have pointed out room for improvement. If each member of the Council went into matters of detail as Dr. Andrew Wood had just done the discussions would be interminable. He thought, therefore, they might leave the visitors' reports to circulate among the different bodies, but he had some doubts in his mind as to the continuance of the visitations in the same manner as they were now carried on. At all events they ought to be done according to one uniform system. There ought to be suggestions drawn up to which the attention of visitors should be directed in each and all of these examinations. There was a great number of bodies to be attended, some of them being teaching establishments, and some only examining establishments, and they were not all of the same quality. The question arose whether they ought not to have certain persons appointed for the higher bodies, and then send others to examine other corporations, so that each should be appointed to attend examinations of a particular quality for which he was most adapted.

Dr. SHARPEY very thoroughly concurred in the proposal that certain classes of examinations should be conducted by particular persons.

Dr. THOMSON said he must be allowed to join with those members of the Council who had expressed their strong and unqualified approbation of the system of visiting examinations. It was his conviction that very great good must ultimately be derived from the faithful and efficient carrying out of that system of inspection, not merely because they were thereby establishing uniformity of education throughout the country, but also because they would be availing themselves of the advantage of having their attention called to whatever defects existed, and consequently have an opportunity of improving the quality of their examinations. The present state of the reports was now, no doubt, imperfect; but the circumstances under which these reports had been prepared were alone sufficient to account for this. He thought this was greatly in favour of the modified course which had been suggested. A great many members knew well the difficulties attending the duty of examination. Although he had been now for twenty-five years engaged more or less in that duty, he must confess he regarded it as by far the most difficult he had ever undertaken, and he thought few persons were aware how long a series of years was required to make a man properly qualified for it. If such then was the nature of the duty of examining, the duty of an inspector of examinations must be a great deal more difficult; and if he had anything to complain of in the very candid statement of Dr. Wood and one or two others, it was simply that there was some degree of assumption that all the members of the Council were qualified to fill the judicial position of inspectors. He thought it would be prudent that the Council should act in the direction suggested by Dr. Andrew Wood's motion, and devote some time to making up its mind as to what would be the best plan to proceed upon. He approved of more than one examiner being present, not for the sake of avoiding the appearance of partiality, but to aid one another. When he had the duty of examination to perform, he felt he could do it more satisfactorily if others were in attendance. He did not court publicity in examinations, but the contrary. With regard to the question of exemption from examination, it was one which might admit of very various opinions. He considered it an evil to have a great repetition of examinations. There was at present far too much of preparation for examinations, and far too little of that thorough assiduity which was derived in connexion with lectures. The great evil of the day was cramming and preparing for examinations. It would be a great pity if, in their visitations, they could not secure that the result of six months' study should in some measure tell; he meant the evidence which the pupil had given in that period of acquiring information.

Mr. COOPER wished to say that he felt, in regard to the body of which he was a Fellow, that the examinations were eminently practical. He spoke with modesty, but at the same time with honesty; and he hoped that no microscopic examination on minute points would be allowed to interfere with that knowledge which was to lay a foundation for the practice of their profession.

Dr. PAGET said that although the resolution, to which he was prepared to give his support, requested that the reports might be continued another year, yet it must be understood that they were at present very imperfect, and that no plan could be considered to be perfect which did not include a visitation of all the diplomatised bodies. The whole of the Medical Act proceeded on the supposition of equalization of privileges, and therefore there should be an equalization of qualifications. With regard to the University of Glasgow, which had been a good deal criticized, he believed it was the only diplomatised body in Scotland which had clinical examinations.

Mr. SYME said sanction had been obtained for such examinations at Edinburgh.

Dr. PAGET observed that if medical students had to look forward to clinical examinations they would be more attentive to clinical studies.

[The President said he must ask Dr. Alderson to preside

over the Council for the remainder of the day. Dr. Alderson accordingly took the chair.]

Sir D. J. CORRIGAN said he should move the following amendment to Dr. Andrew Wood's motion:—"That visitation of examinations carried out by members of the General or Branch Medical Councils, being a reciprocal visitation by the representatives of the several licensing bodies of one another's examinations, is faulty in principle, and therefore can never command confidence. That any visitation of examinations would be worthless which did not include every examination, inasmuch as partial visitation could only testify as to the actual examinations visited (necessarily a very small proportion), and be no evidence whatever of the character of the examinations not visited (the larger proportion);—that visitation of every examination would be impracticable, inasmuch as, in addition to preliminary examinations, there are annually about three thousand five hundred professional examinations in the United Kingdom for degrees or licences." His first objection to the system of visitation which had been carried on, and which was proposed to be continued, was on principle. The value of their degrees and licences had been impugned; and men who were utterly in ignorance of anatomy, surgery, materia medica, and even English, were up to the present moment let loose upon the public. The Army and Navy Boards had acted very properly in saying that such was the state of the men who passed the licensing bodies—every one of which bodies had a representative at the Council—that they dared not trust the lives of the soldiers and sailors to their care, and under those circumstances they felt obliged to institute an examination of their own to eliminate the students who did know their profession from the large body of uneducated men who were let loose upon the profession. The reports of the Army and Navy Boards showed that the most ignorant men were passed by some of the bodies. But if he turned to No. 5 of the English Reports of Visitations, which he had voted for putting on the Minutes because he believed them to be most valuable documents (though in quite a different sense from that in which others regarded them as such), the visitors expressed themselves satisfied in every case that no persons were improperly passed in the subjects or parts of the subjects in which they were examined. Well, that was a very satisfactory testimony; but, on the other hand, there was the strange fact furnished by the report of the Army and Navy Board that many of the candidates displayed most lamentable ignorance in regard to anatomy, materia medica, &c. He would not specify any single body nor go into matters of detail with regard to the examinations. The Council was on its trial before the public, and what was the course it adopted? It had adopted a system of visitation of examinations to which, as far as he knew, there was no parallel anywhere to be found, from the House of Commons down to the smallest corporation in the kingdom. It was a course which was condemned by the two highest authorities in the country having the care of our soldiers and sailors. What was it? It was nothing more or less than a proposal to inspect themselves. There was an old Scotch proverb, "Call me and I'll call thee," and this plan seemed to be remarkably founded upon that principle. Now suppose, when the House of Commons was about to be reformed some years ago, and accusations of corrupt practices were made, the parties accused had said, "We will inspect one another and send in such a report as to show that we are very moral, very pure, and independent," what would have been thought of such a proposition? Yet this was exactly what the Medical Council had proposed to do. Or, again, suppose that when, some years ago, the managers of lunatic asylums became objects, justly or unjustly, of observation, those managers had come forward and said, "We will inspect ourselves and send you in reports of our inspections, which shall satisfy you that all the charges of mismanagement and so on which have been brought forward against us are unfounded in fact." Would such reports as these have inspired confidence? Certainly not; and, therefore, in the present case he felt bound to move, as an amendment, that the proposed visitation was inefficient, because, being an inspection of themselves, it never could inspire confidence. Let them try to look a little beyond the circle of medicine—a little beyond the circle of licensing bodies. Let them mix more with the world, and try to assimilate their proceedings to the proceedings of the world outside. He was sorry to say that many members of the profession seemed to live in a world of their own; and it was a great misfortune that they did not mix more with others. Suppose, in the late question of the mismanagement of workhouses, the various boards of guardians had formed themselves into a Council, and had said: "We will inspect one another; you inspect our workhouse, and we will inspect yours." What would the public have said? That was the very position which this Council had taken. A few years ago the conduct of the unpaid magistrates in Ireland was called in question. It was said they were partial, and heard cases in private. Suppose they had said: "We will inspect one another, and make reports." Those reports would certainly not have been accepted as a settlement of the question. Again: suppose, when the captains of certain emigrant ships were charged with neglecting their duties, and putting incompetent persons in charge of their ships, they had formed a Council, and agreed to inspect one another's ships. Would that have inspired confidence? It was not many years ago that inquiries were going on in Ireland as to the extravagant fees paid to, and the incompetence of, certain officers in the courts. These inquiries would not have been considered properly solved by adopting the same sort of principle as the Medical Council had now adopted. It was just the same with regard to the late charges against railway directors as to the way in which they managed their railways. The opinions of the parties themselves could not be considered as likely to inspire confidence. This, then, was his first objection to the present system of visitation of examinations—that it was vicious in principle, inasmuch as it was a visitation in which the representatives of the very bodies who were on their trial were the persons appointed to report. His second objection to the system was that it was worthless, because it was only a partial examination, and not a comprehensive one. There were 3500 professional examinations in the United Kingdom for degrees or licences, in addition to preliminary examinations; and supposing that 500 were visited and reported upon, it was impossible to say that an opinion could be satisfactorily arrived at from those in regard to the character of the other 3000. How on earth could they tell what had taken place on the day after their visitation? Suppose a basket of eggs was put before them for inspection, would they consider the fact of a few of them being sound as any satisfactory proof that the remainder were so? He was informed that in November, 1865, in one of the bodies alluded to in the reports, the examination lasted only half an hour; that the only two persons present were the president and secretary of the College; and that the secretary alone examined the candidate.

Dr. ANDREW WOOD: What is the name?

Sir D. J. CORRIGAN said he held in his hand a letter from the individual who was so examined. He did not wish to give the name at present, because it might materially injure the young man who had obtained a qualification under such circumstances, and it was just possible, though he thought very nearly improbable, that the examining body might be able to give some explanation, and he did not wish in that case that the charge might rest over till the next meeting. What he proposed to do was, to give to the representative of the body who was now sitting at the table of the Council a copy of the document, and then he might come forward at the next meeting, or at whatever time he pleased, and both sides could be fairly heard. All he knew was that the thing did occur. It happened to be his duty on one occasion to examine a lunatic asylum. The weather was very cold, and he found the inmates provided with nice warm clothing, and apparently very comfortable. He went and sat down by one of the women and said, "I am glad to see you so comfortable in this institution and everything so well conducted." She looked at him from under the corner of her eye and said, "I suppose you are a Royal Commissioner." "Yes, I am," he replied; "but how did you know that?" "Don't you go to be a fool," was her answer, "and think we are fitted out like this every day." It seemed to him that if the present system was a good one, it ought to be followed up by a resolution that the Army and Navy Boards were in the wrong. When guns were to be tested for the use of the service, to be used in defence of our lives and liberties, he did not think the plan was to send a visitor to Sir W. Armstrong's and Mr. Whitworth's, and various other places to be present at the making of them, but the Government brought the guns out and tested them themselves. In testing armour plates the Government were not satisfied by examining the way in which they were manufactured, visiting the foundry and forge, and what not, but they brought the armour plate out and tested it by the result, and this was what the Council must do in regard to their candidates.

Dr. SHARPEY drew Sir D. J. Corrigan's attention to the lateness of the hour.

Sir D. J. CORRIGAN said he would not shorten by one word

anything he had to say. Referring to a body whose proceedings he would hold up for admiration, he would say, what was its practice? Did it send visitors to examine this school and that school to see how the teaching was carried on? It did no such thing: it brought the men before it, and with a body of competent examiners tested the article sent forward by every school. The Council, according to his opinion, had got altogether away from the proper course.

Dr. QUAIN inquired what Sir D. J. Corrigan would suggest ought to be done. (Hear.)

Sir D. J. CORRIGAN said it was most gratifying to find that the minds of members were following in the same track as his own. Curiously enough, the very next memorandum he had on his notes was, "How is the result to be obtained?" He would tell them how it was to be obtained: by establishing a board of examiners not connected in any way with the Council, but consisting of independent men; and letting that board, exactly like the examining body of the universities, say to the candidates, "Come and be examined by us." If the articles produced were genuine and good, there would be no need of compelling them to come, for they would come voluntarily. It appeared to him that under the present law the Council had a very wide discretion left to it as to the means by which it should ascertain whether the course of examination was sufficient or not. If it were competent to them to appoint anybody to test the examinations, in order to ascertain that the candidates sent out by the different bodies were properly qualified, it was equally within their power to carry out the other measure—namely, to establish such a body of examiners as he suggested; and if it were necessary to go to the Privy Council for authority, that could be done. It was said they could not force candidates to be examined by such a board. Perhaps not, but he divided candidates into different classes. One class would voluntarily come before the board because they were genuine articles; while another class would not come because they were afraid to do so, and they might be taken for just what they were worth—nothing at all. He begged to say, in conclusion, that he had arrived at his opinions upon this subject after very seriously thinking the matter over.

Dr. ALEX. WOOD said this was a matter of such importance that, although the time for adjournment had almost arrived, he hoped the Council would grant him a few minutes' indulgence, rather than allow the speech of Sir Dominic Corrigan to go forth without the contradiction which it naturally called for. Sir Dominic Corrigan seemed to have forgotten altogether the Act of Parliament under which they were acting, and what that Act called upon them to do. If he would turn to the 18th section he would find the following words:—"The several colleges and bodies in the United Kingdom mentioned in Schedule A to this Act shall from time to time, when required by the General Council, furnish such Council with such information as they may require as to the courses of study and examinations to be gone through in order to obtain the respective qualifications mentioned in Schedule A to this Act, and the ages at which such courses of study and examinations are required to be gone through and such qualifications are conferred, and generally as to the requisites for obtaining such qualifications; and any member or members of the General Council, or any person or persons deputed for this purpose by such Council or by any Branch Council, may attend and be present at any such examinations." This, then, was the duty which the Act of Parliament prescribed—the duty of attending and being present (either of members of the Council or deputies appointed) at these examinations; and it was this duty which they were striving to the best of their ability to perform. He had differed from other members to some extent as to the best way to do that being by sending members of the Council, and he had originally suggested another course; but he could not admit for an instant the application of any one of the analogies which Sir Dominic Corrigan had made use of in reference to this matter. Sir Dominic's whole argument had proceeded upon the assumption that the object of these visitations was to justify themselves before the country. Their real object was to secure that the candidate should be properly examined; and he cared not whether the means they took to do this approved itself to the country or not, so long as it was proved to the Council that there was a steady progress made in these examinations, and that they were becoming more and more stringent and efficient. The resolution which Sir Dominic Corrigan had moved was just like the other resolutions which for years he had been attempting to bring the Council to adopt. He was constantly telling them they were an incapable body, but never suggested a remedy for their incapacity. It was a resolution which he would not characterize as he might do, but one which at any rate he might say assumed that there did not sit at the Council honourable men who conscientiously endeavoured to discharge their duty. Sir Dominic Corrigan had no faith in the system of visitation of examinations, because they were bodies examining each other—because they were, according to his account, bodies in antagonism, trying to overreach each other, and who could not therefore be trusted to report upon each other's examinations. He (Dr. Wood) appealed to the documents on the table as showing the way in which these men endeavoured to carry out their duty. There was a vast number of examinations held every year, and it was impossible that any board should call before it every person examined. Where could Sir Dominic Corrigan point to an Act of Parliament which gave the Council a right to re-examine? He believed that the reports they had of the manner in which these examinations had been conducted were the best encouragement to them to go on. Sir Dominic Corrigan had appealed to the Army and Navy Boards as if their decisions were the test of the results of the ordinary examinations; but whom did they get as candidates? He would say this—with all respect for those Boards, and with special respect for the gentlemen who sat at the table of the Council,—that it was not the best students who went up for examination before the Army and Navy Boards. If every one of the students was subjected to re-examination by the Army and Navy Medical Boards they might have some confidence in those reports, but at present he thought they were estimated far above their real value. A man who had any chance of decent employment in this country would think twice before he entered the service; and he had recently heard, in an inaugural address by the president of a college, a warning given to students to the effect that the army was the last place where they were likely to obtain advancement.

The standing order of the Council was agreed to be suspended till a quarter past six to allow of the vote being taken upon this question.

Sir D. J. Corrigan's amendment was put and lost by a majority of 15 to 2.

The original motion was then agreed to.

On the motion of Dr. Storrar, seconded by Dr. Andrew Wood, it was resolved that the Council should meet on the following day at one o'clock.

Dr. Embleton presented the report of the Committee on Returns of Examinations and their results from the licensing bodies, and on the registration of medical students for the last year. It was agreed that the report should be received and entered on the Minutes.

The report of the Committee appointed to re-arrange the Recommendations of the General Medical Council on Education and Examination was also agreed to be received and entered on the Minutes.

The Council then adjourned.

TUESDAY, MAY 29TH.

At the request of the President, the chair was taken by Professor Syme.

The report of the Committee on the Registration of Medical Students was read, and its adoption moved by Dr. Embleton and seconded by Mr. Hargrave.

Dr. A. SMITH moved,—"That, before the adoption of this report, it is expedient that the Medical Council shall define the meaning of 'place of medical study' in the form of application for registration as a medical student." He said the object of the motion was to draw the attention more particularly of the General Council to the fact that there were certain places recognised, so far as registration in this list could recognise them, as places of study; but he had no recollection of their being recognised by any order of the Council. He found, under the head of colleges, Newcastle-upon-Tyne and Birmingham; and, under the head of schools, Bristol, Leeds, Liverpool, Manchester, and Sheffield; and, under the head of hospitals, Brighton, Sussex, Cambridge, Norfolk, and Norwich. There was also another class, as, for instance, the County Infirmary of Stafford and the Infirmary of Hull, and he found a number of gentlemen registered as pupils. He thought the Council would admit that a great many of these places had never been formally recognised, and, therefore, he considered it a duty of the Council to define what was meant by "place of study." He was sure every gentleman would admit that registration could never be carried out practically while there was such a loose system in regard to recognised places of study; and it would be better for the Council to abandon the attempt to accomplish the complete registration

of students. The main object was that the licensing bodies might be able to satisfy themselves that the gentleman who presented himself had actually devoted forty-eight months to his medical studies; and he considered this a matter of the highest importance. But it was no good to go on nibbling at the matter year by year.

Dr. ALEX. WOOD said this was the last day of the session, and it would therefore be impossible to go into this question fully. He concurred with Dr. Smith in thinking that it was a matter of vast importance, and he should be happy at the commencement of next session to assist in the consideration of it by any practical suggestion.

Dr. A. SMITH admitted that the subject could not be discussed at the present stage of the session, and was quite prepared to withdraw his motion; but he wished it to appear on the Minutes, and then a report might be brought up at the commencement of next session.

Dr. ANDREW WOOD begged to move that it be remitted to the Executive Committee.

Dr. SHARPEY said the question was a very wide one, and it was impossible to discuss it now.

Dr. SMITH said he would assent to the adoption of the report, and his motion could then be put upon the Minutes. He was glad to see that the members of the Council approved of the principle suggested.

Mr. CÆSAR HAWKINS said it was very plain that this motion was directed against the body which he represented, and if it was to be passed by a side wind in this manner he should feel very hardly treated. If it were entered at all on the Minutes as a motion, it would be in some measure the recognition of a charge against his College.

The motion for the adoption of the report was then agreed to.

Dr. ANDREW WOOD believed, with Mr. Hawkins, that the course proposed by Dr. Smith would in effect be deciding a very important question by a side wind.

Dr. SMITH withdrew his motion, and substituted for it the following, which, having been seconded by Dr. ALEX. WOOD, was unanimously agreed to: "That it be delegated to the Branch Councils to report to the next meeting of the Medical Council as to whether the column headed 'Place of Medical Study,' in the form of register of medical students now adopted should in future define more clearly the manner in which it is to be filled up, and, if it is their opinion that it should, to suggest what appears to them to be the best means of doing so."

The PRESIDENT then took the chair.

The following letter from the Metric Committee of the British Association for the Advancement of Science was read:—

To the General Council of Medical Education and Registration.

10, Farrar's-building, Temple, May, 1866.

Gentlemen,—We are desired by the Metric Committee of the British Association for the Advancement of Science to seek your aid in promoting the practical adoption of the Metric Weights and Measures Act, passed in 1864, being the 27 and 28 Vict., c. 117: "An Act to render permissive the use of Metric Weights and Measures in the United Kingdom." Although this law is of a permissive character only, yet it allows full scope for the extensive application of the new system, and we trust that every opportunity will be seized for resorting to it, with a view of putting an end to the manifold defects and inconveniences of the present practice.

We understand, with pleasure, that such an opportunity now occurs for introducing the metric decimal system into medicine and pharmacy, since the British Pharmacopœia, published in January, 1864, is about to appear in a second edition. The objection formerly urged to the introduction of the metric system side by side with the imperial, in all the formulæ for the preparation of drugs and chemicals, that the metric weights and measures were not yet sanctioned by the Legislature, is now removed by the passing of the Act; and we hope, therefore, that your Council will give its sanction to the proposed useful addition.

In submitting to you the desire of the Metric Committee of the British Association that the knowledge of the metric system may be promoted in medicine and pharmacy, we would only add that, for international purposes, and especially for the use of foreign practitioners, and of British chemists in foreign countries, the ready comparison of the imperial with the metric weights and measures will be of great practical value; and, moreover, will tend to give effect to a reform expected to be highly useful to this country, and of extensive influence in social and international intercourse.

We have the honour to be, Gentlemen,
Your obedient servants,
JOHN BARING, F.R.S., LL.D.,
Chairman of the Committee.
JAMES YATES, M.A., F.R.S.,
Member of the Committee.

Dr. ALEX. WOOD moved that the letter be referred to the Pharmacopœia Committee.

Dr. ANDREW WOOD said if he thought the sending the letter to the Pharmacopœia Committee would be taken as expressive of the opinion of the Council in favour of the introduction of this metric system into the new edition of the Pharmacopœia, he should oppose the motion, but he believed there would be no harm done in sending the letter to the Pharmacopœia Committee with the request that it should give the Council an opinion upon the subject.

Dr. APJOHN thought it right to let the Pharmacopœia Committee know that the Council was opposed to the proposition.

Dr. SHARPEY thought the Council might come to some such resolution as the following, which would serve as an answer to the letter:—"That the General Medical Council are not prepared to adopt, in its full extent, the suggestion of the Metric Committee of the British Association, but the Council will direct that a complete comparative table of metric and imperial weights and measures, with instructions for their mutual conversion, shall be inserted in the forthcoming edition of the British Pharmacopœia."

Dr. PARKES was afraid he should differ very much from other members as to the advisability of adopting this plan in the publication of the Pharmacopœia. He was sure that if gentlemen heard the comments made upon the Council before the British Association at Birmingham, they would say this was not a matter to be dealt lightly with. He addressed a letter to one of the members of the Pharmacopœia Committee requesting him to bring the matter before the notice of that committee, and the answer he received was to the effect that the whole thing was carefully considered, and it was thought not desirable—in fact almost requesting that the thing should not be urged further; but at the same time stating that there would be not only a table of comparative weights and measures, but also the short chapter which occurred in the examination in medicine, in both systems. He was fully under the impression that the committee had adopted that suggestion, and he felt so strongly on the subject that he thought it should be left to the Pharmacopœia Committee to introduce the metric system in that very short chapter if they thought fit. If not, of course the subject could come on for debate when the third edition was published. He fully admitted that it could not be done in the present edition except in that very short way, but he did certainly trust that the Pharmacopœia Committee might think it consistent with their duty to do what he suggested.

The motion for referring the letter to the Pharmacopœia Committee was then withdrawn, and the resolution proposed by Dr. Sharpey was agreed to.

The returns of examinations from the Medical Department of the Navy were next considered.

Dr. ANDREW WOOD said these returns most unquestionably tended to bring out the fact, that there had been passed by the licensing bodies men who, when they came to the navy examinations, showed that they had obtained their diplomas, at least so far as examination was concerned, upon insufficient grounds. It was nothing to say that the best men did not go to the navy to be examined; that was no palliation to the licensing bodies. No doubt that was very much the fact; but then it ought not to be allowed that men should pass through two examinations, (as all of the candidates in question had done by two different bodies,) and when they came to be examined by the Navy Department, should display such lamentable ignorance. At the same time, however, it must not be forgotten that the great majority of the candidates had begun their studies at least four years ago. Now he was not disposed at all, like Sir D. J. Corrigan, to despair because he saw these returns. They were not justified in sitting down in helpless dismay, and saying, "We can do nothing to prevent it." He believed that the publication of these things, and the supervision of examinations, and laying down rules for the guidance of the licensing bodies would be gradually brought to bear. If, after using every exertion in this way, a similar table with similarly unsatisfactory returns was presented in three or four years' time, there might be reason for despair, but not till then. His own impression was that the Council ought to be furnished with a

statement from the Navy Department as to what was required of candidates. He observed that some had been rejected for indifferent knowledge of Latin. Now he was not prepared to say that the licensing bodies were entirely to blame in this matter, because, as he had mentioned the other day, the body which he represented were examining fewer and fewer men in preliminary education; and it was very possible that some of these individuals might have passed the examination of some of the national bodies, and this might be an explanation of the mystery. The only other observation he had to make was that the returns would be more complete if the Navy Board were to furnish the Council, as the Army Board had done, with the printed papers of examination. That would show exactly at what standard their examinations were pitched, and convince the Council that the men who were rejected at the Navy Board, as in the case of the Army Board, were rejected upon examination because they were ignorant of things which they ought to have known, and not because they were put under examination in things which ought not reasonably to have been required. He would, therefore, propose this motion,—"That the Director-General of the Medical Department of the Navy be respectfully requested to furnish in future the Council with copies of the questions proposed to candidates for navy medical commissions in the same way as is done by the Army Medical Department authorities."

The motion was seconded by Dr. FLEMING.

Dr. ALEX. WOOD said he had no objection to offer to the motion, but he would like to say a few words upon the subject. These returns had been spoken of as a test of the examinations of the various bodies. He was not prepared to endorse that view. A gentleman presented himself perhaps to a college who had undergone preliminary examinations by one of the various bodies recognised by the Council as capable of conducting preliminary examinations; the college would then examine him merely as to his professional knowledge. He had known cases where the spelling of the written papers was bad, in which the examiners did not think it right to reject the candidate after his capability of spelling had been settled by a previous body. He held that the various bodies represented at the Council were not responsible for that. But he had a much stronger objection to this principle. No one who had been much engaged in examination could fail to notice that a great deal depended upon the way in which questions were put, and a great deal also upon the mental state and upon the condition of the stomach of the candidate when he came up for examination, and it would often happen that a candidate might be rejected though he had passed bodies who were known to be exceedingly stringent. It was very fallacious to say that the body by which a candidate was ultimately rejected was more stringent than one by which he had been passed. He should be sorry, therefore, that these examinations of the Army and Navy Medical Boards should be taken as crucial tests. At the same time he believed there was great room for improvement in the examinations of all the bodies. With regard to the body to which he belonged, he objected to a great many things in the mode in which the examinations were conducted, and he had endeavoured in various ways to get them improved. A great deal must necessarily depend upon individual examiners. The Council had been told that the older a man was the better he examined. He (Dr. Alex. Wood) did not agree with that; for there was a kind of good nature which came over men as they advanced in life, which made them very unwilling sometimes to do their duty in the way of rejection. He felt this disposition gradually growing on himself as he grew older. Yet he would not oppose the motion of Dr. Andrew Wood, but he must oppose many of the doctrines which had been laid down, and more especially he hoped it would not go forth that the Council included these returns in the Minutes because it considered them a crucial test of the examinations of the licensing bodies.

Mr. SYME related an instance of a medical student of Edinburgh, with whom he was acquainted, having been refused admission to the navy service, who had since been appointed to a very excellent position on shore.

Dr. PARKES said he was very glad the subject had been brought forward. He thought the Council should take into consideration the question whether they would continue to use these returns as a test. They knew well the circumstances under which these returns were brought forward, and he considered a great deal of good had been done by their being brought forward. At the same time he thought they were putting both the examining bodies and the Army and Navy Boards in a false position, which the licensing bodies might very reasonably object to. It would be extremely undesirable to use continually the examinations in the army and navy as a test of the perfection or imperfection of the ordinary medical examinations. He might observe that he had had no communication whatever with the authorities of the army and navy upon the subject. In conclusion, he would say the Council were not justified in attacking the character of the gentlemen who entered the services. There were many excellent men amongst them who were qualified in every way to practise their profession.

Sir D. J. CORRIGAN had listened with pain to this discussion. There seemed to be a desire upon the part of some of the speakers to throw cold water upon these returns, which he regarded as returns of great value, and to disparage what was of immense importance, the impartiality of the examiners. They were told that the examination by these men was not to be trusted: he was extremely sorry to hear it. The observations which had been made appeared to him to have been more or less in the nature of an excuse for the men who were refused. He never looked upon these examinations as constituting a crucial test, but he looked upon them as affording a most valuable source of information because they showed the licensing bodies—let them not shrink from it—that they had let men into the profession who were ignorant of English, Latin, and surgery, and so ignorant of materia medica that they were not to be trusted to prescribe. How did they get in? They got in through the doors of some of the licensing bodies. He would not go so far as to say that one was wider than another, but it was quite certain that the Army and Navy Medical Boards had shown that there was a defect, and the Council owed those boards a deep debt of gratitude. Dr. Wood's excuse for the gross ignorance of Latin, spelling, &c., displayed by candidates for the army and navy service was that the licensing bodies examined merely as to professional studies, and that they were therefore not answerable for the gross deficiency shown in regard to preliminary education, which often rendered men incompetent to write the letter of a gentleman. He had stated that the preliminary examination had been put into the hands of bodies over which they had no control. According to this, then, there were bodies recognised by the Council who were incompetent to conduct preliminary examination. Twist and turn it as they would, the fault came round to themselves at last.

Mr. HAWKINS said it must be remembered that the rules relating to preliminary examination had been limited in their operation to candidates entering the profession after a certain date. Some of the preliminary bodies had allowed candidates at one time to pass at very early ages; and it was not unreasonable to suppose that between sixteen or seventeen and twenty-four or twenty-five a great deal might have been lost which had been previously learnt. With regard to the present motion, he really thought the examining papers would be of very little value to the Council unless they had also the answers which had been given.

Mr. SYME wished it to be understood that the object of the remark which he had made was simply to show that the best of men might make mistakes in such cases.

Dr. PAGET, while admitting that the result of the army and navy examinations was not a crucial test of the examinations of the licensing bodies, regarded it as the only test they had of the quality of the thing produced. He agreed with the principle laid down by Sir D. J. Corrigan in his speech of the previous day, that the best means of judging of the value of their operations was to look at the result.

Dr. ANDREW WOOD said he would not withdraw one word he had said with regard to these returns. He held them to be the touchstone of their examinations; and that if they were to endeavour to put them aside and shut their eyes to the deficiencies which those returns pointed out, they would be doing that which was not compatible with their duty. Let them boldly face the matter. He did not want to throw cold water upon the various bodies or corporations; but he wanted to improve them. He felt extremely obliged to the gentleman who originally moved in this matter; and he now wished to make the navy returns as complete as those of the army. It was quite evident there was a fault somewhere. It might be in the education, or it might be in the examination, or, perhaps, the navy examination was particularly severe. He must say his own belief was that the examinations of most of the bodies were conducted upon proper principles as regarded the stringency of the questions that were put; but he was not quite so sure that the standard upon which the decisions were given was a proper one. He did not know whether this arose from the examiners being old or young; but it was his belief that there was occasionally a misplaced leniency shown to the can-

didates, and men were allowed to pass who were not competent. If he were asked who had the most reason to complain of this leniency, he should say it was the young man who was the subject of it, because he came with his £10, £15, or £20, and said: "Examine me, and tell me whether I am fit to practise, and here is your money for doing so." If they passed that man when he was not fit to practise, they were sending him away with a certificate which was valueless; and he (Dr. Andrew Wood) questioned whether the young man had not a good ground of action against the body who so sent him forth. It was cruel kindness as regarded the candidate. As to the public, they had a right to complain if men were passed who ought not to be trusted.

The motion was then put and carried unanimously.

On the returns of examinations from the Army Medical Department being taken into consideration,

Dr. ANDREW WOOD moved,—"That the best thanks of the Council be given to the Director-General of the Army Medical Department for the returns which he has been good enough to transmit to the Council, and that he be requested to furnish the Council in future with a statement of the subjects in which the rejected candidates have failed."

Dr. FLEMING seconded the motion.

Sir D. J. CORRIGAN said he had prepared a somewhat similar resolution, and should feel very great pleasure in supporting that which had now been proposed.

Dr. PARKES said he was in no way present as the representative of the Secretary of State for War or the Director-General of the Medical Department, so that it must not be supposed that his agreeing to Dr. Wood's motion bound the Director-General to accede to it; but he knew the Director-General was extremely anxious to meet in every way the wishes of the Council, and very likely he would be able to grant the application.

The motion was agreed to.

The report of the Finance Committee was read by Dr. Sharpey, and adopted.

Dr. ALEX. WOOD proposed the adoption of the report of the Committee on returns from Licensing Bodies. The motion, having been seconded, was carried unanimously.

Dr. ALEX. WOOD referred to the practice of inserting the reports of committees upon the Minutes, and suggested that, instead of that, they should be entered first upon the programme, which would secure all the advantage of giving the members of the Council time to consider them before they were discussed, without binding them to any sort of acceptance either of the language or sentiments expressed. He would move, therefore, that the following addition be made to the Standing Orders of the Council:—"That no report from any committee of the Council shall appear in the Minutes until it has first been printed in the programme of business."

Dr. A. SMITH seconded the proposition, which was agreed to.

On the motion of Dr. ALEX. WOOD, seconded by Dr. A. SMITH, it was resolved,—"That the following recommendations be remitted to the Executive Committee, to consider and report on as proposed Standing Orders:—

"1. That the report of the Executive Committee on these be considered on the first day of next session.

"2. That it shall be competent to any member of Council to move that a report be or be not received, and be or be not entered on the Minutes.

"3. That in the event of its appearing to any member of Council that a report is defective or redundant, it shall be competent for him to move that the report be recommitted, to be amended by the committee by whom it was prepared.

"4. That in the event of a motion for recommitment being carried, the names of the mover and seconder of such motion shall be added to the committee, if they are not already members.

"5. That it shall be competent for any member to move that a report be approved of, either in whole or in part.

"6. That if a motion approving of the whole report be carried, the report shall become and be considered the report of the Council.

"7. That where a report contains more than one recommendation, each recommendation shall be separately numbered, and it shall be competent for any member of Council to move that these recommendations be considered seriatim.

"8. That a motion for the approval of each recommendation shall be made and seconded, and without such motion being carried no recommendation shall be held to be adopted by the Council.

"9. That in the case of only a part of a report, or one or more recommendations contained in a report, being adopted, the Council shall in no case be considered responsible for the report.

"10. That the foregoing standing orders are not to be held as applying to the reports presented daily by the Business Committee."

The following memorial was then read:—

To the President and Members of the General Medical Council of the United Kingdom.

The Memorial of the County and City of Cork Medical Protective Association respectfully showeth—

That your memorialists look forward with deep interest to the measure which, they understand, is likely soon to be introduced into Parliament to amend the Medical Act of 1858.

That this Act must be looked upon as having, up to the present time, fallen short of what was expected from it in its two principal objects—namely, the protection of the public, and a really improved system of medical education.

That, with respect to the first of these objects, it appears to your memorialists that registration must continue to be all but nugatory, unless the new legislation render it imperative on the Council to order, through duly authorized officers, the prosecution of all persons incurring the penalty specified in Clause 40 of the Medical Act, or that which may be substituted for it.

That the vastly more important object of securing a sound and adequate education for all candidates for medical and surgical qualifications is not, in the apprehension of your memorialists, likely to be attained whilst the powers of the Council continue to be limited as they are at present. To be enabled efficiently to provide for the country a body of properly qualified practitioners, it appears to your memorialists that the Council should be empowered to prescribe and enforce such educational regulations as may be found requisite for the attainment of that important object.

That no education, your memorialists respectfully submit, can be considered sound and adequate which does not include, as preliminary to entering on medical studies, properly so called, such a course, both literary and scientific, as will enable the student effectively to master the varied subjects of professional study with which he will have to grapple, and afterwards to take such a position amongst men of general information as will be calculated to maintain for medical science the estimation in which it is desirable for the good of mankind that it should be held.

That the course for a degree in arts in the different universities should, in the opinion of your memorialists, be preliminary to that for a degree in medicine; and that a course of education, embodying both classical studies and the various branches of physical science, should be indispensable for entrance on medical and surgical education of whatsoever character.

Wherefore, your memorialists would respectfully suggest the expediency of the Council seeking for such modification of Clause 41 of "The Medical Act" as will secure the prosecution of offenders against its provisions; but especially of seeking for the power to establish a uniform curriculum of studies, preliminary and professional, which shall be binding on all the educational bodies of the country.

And your memorialists will ever pray.

J. R. HARVEY, A.B., M.D., President.
WM. BEAMISH, M.D., Vice-President.
JOHN D. O'FLYNN, M.D., Treasurer.
CHARLES ARMSTRONG, M.D., Hon. Sec.

Dr. A. SMITH inquired why this memorial had not come before the Council at an earlier period; it was quite clear it could not be entertained now.

The PRESIDENT said it was only received after the Council had been sitting four days. It could not have come before the Business Committee until the 22nd, and then it had to take its place in the order of business.

Dr. ANDREW WOOD thought the best way to deal with it was to state that the subject should receive most careful attention.

Dr. STORRAR moved that the memorial be placed on the Minutes.

Mr. HARGRAVE seconded the motion, and it was carried unanimously.

Dr. FLEMING proposed,—"That the Executive Committee consist of six members exclusive of the President, instead of four, as at present. That of the six members to be elected, four to be chosen from the English, one from the Scottish, and one from the Irish Branch Council." He said his object was

to expedite, if possible, the business of the Council. By adding a member from the Irish and Scottish Branches he conceived that a great deal more of the routine business could be left to the Executive Committee than at present, and the expenses might consequently be diminished.

Dr. PAGET seconded the motion.

Dr. ALEX. WOOD moved as an amendment, "That the motion be not agreed to." Looking at the great difference of opinion which existed between the members of the Council he disapproved of the principle of entrusting a section of the Council with any very considerable powers. The admission of one member from each of the Branch Councils might lead to a very disagreeable question as to which side was to be represented in the committee.

Mr. SYME thought the business was sufficiently well conducted at present, and the alteration would only have the effect of destroying the existing equality.

Dr. A. SMITH said that by the Act of Parliament the Council had power to appoint an Executive Committee and to delegate to it such power as it might see fit, "other than the power of making representations to Her Majesty in Council." He entirely concurred in the principle of Dr. Fleming's motion; but he doubted whether it was expedient to increase the number of the Executive Committee. He thought that five would be a sufficient number—two English members, the President, one member from Scotland, and one from Ireland.

The PRESIDENT said that the Act of Parliament required a quorum of not less than three.

Dr. A. SMITH had no doubt that at each committee meeting either the Scotch or the Irish member would attend. His object was to save expense. He believed that if the committee was constituted as Dr. Fleming proposed, the Council would entrust to it far more responsible duties than if it consisted of English members only.

Dr. SHARPEY inquired how the members from Scotland and Ireland were to be elected.

Dr. FLEMING said they would be elected by the whole Council; they would not be delegated by the Branch Councils.

The PRESIDENT (who was requested by Dr. Fleming to give his opinion on the subject) said he thought that as long as the Executive Committee was composed solely of members of the English Branch Council, the General Council ought to be jealous of conceding any great powers to it; but if the other Branch Councils were properly represented, he believed that the committee might have such powers delegated to it as would enable it materially to assist the General Council and shorten its labours. One of the greatest defects in their organization was that they had no means of carrying on their business except when sitting at the Council-table. There was a great deal of routine and formal business which might very properly be transacted by a well-constituted Executive Committee, and he thought the proposal before the Council was a step in the right direction.

Dr. FLEMING having briefly replied, the motion was put and carried by a majority of 12 against 3.

The following gentlemen were elected (by ballot) to serve on the committee:—English: Mr. Cæsar Hawkins, Dr. Sharpey, Dr. Paget, and Dr. Acland. Scotch: Dr. Andrew Wood. Irish: Dr. A. Smith.

On the motion of Dr. FLEMING, seconded by Dr. ALEX. WOOD, it was resolved,—"That it be remitted to the Executive Committee to consider the whole form of procedure which has hitherto been followed in conducting the business of the Council, and to report on the first day of next session any alteration which in their opinion would tend to expedite the transaction of business."

Dr. ANDREW WOOD proposed—"That it be delegated to the Executive Committee to confer with the Government regarding the proposed Bill for the Amendment of the Medical Acts, to press on the Government the expediency of its being adopted as a Government measure, and to take all necessary steps for aiding the passing of the Bill through Parliament." The Council, he said, was aware that Mr. Ouvry had seen Sir George Grey's private secretary, and pressed upon him the importance of receiving a deputation from the Council during its session, but no communication had been received from Sir George Grey on the subject. It was quite obvious that the Council ought not to separate without taking the proper steps for pressing the matter upon the attention of the Government. In the communication from Sir George Grey which had been laid before the Council a suggestion was thrown out that some private member of the House of Lords or the House of Commons might be requested to take charge of the Bill. He (Dr. Wood) had no hesitation in saying that he believed it to be the duty of the Government to take up a measure of that kind, more especially as the Bill had been sent from the Home Office to the Council as a constituted body in the country; and he confessed that he had no hope of the measure passing unless it was taken up as a Government measure. The members well knew the great difficulties that were encountered during the thirty years' war in the medical profession in consequence of Government after Government taking up Bills and laying them down, and private members being afterwards consulted. He thought it would be beneath the dignity of the Council to state that they were willing to bring in a Bill by means of a private member. It might, perhaps, be objected by some members of the Council who were opposed to legislation altogether, that power ought not to be given to the Executive Committee in that matter; but now that that committee comprised members of the three Branch Councils, he thought that a considerable amount of confidence might be reposed in it, and that the Council might safely trust them not to consent to the introduction of anything into the Bill, or the omission of anything from it, which would be inconsistent with the views adopted by a majority of the members of the Council.

Dr. ALEX. WOOD seconded the motion.

Sir D. J. CORRIGAN thought that the Executive Committee would be a very fit body to take action in the matter; but he did not think that the proposed instructions to the committee were sufficiently precise. He thought the resolution should contain a direction to the committee to abandon the Bill if the Government declined to bring it forward as adopted by the Council.

The motion was then agreed to as follows:—"That it be delegated to the Executive Committee to confer with the Government regarding the proposed Bill for the amendment of the Medical Acts, to press on the Government the expediency of its being adopted as a Government measure, and at the same time to state that the Medical Council are of opinion that unless the Bill be introduced by the Government it would be inadvisable to proceed with it."

On the motion of Dr. AQUILLA SMITH, seconded by Dr. STORRAR, it was resolved,—"That the powers and duties delegated to the Executive Committee in accordance with Section 9 of the Medical Act shall be vested in the committee until the next meeting of the General Medical Council."

Dr. EMBLETON moved,—"That the following be substituted for Paragraph 7, Section 5, of the recommendations of the General Medical Council on Education and Examination:—'That each of the bodies named in Schedule A to the Medical Acts communicate confidentially to the Registrar of the General Medical Council, immediately after each professional examination, the names of candidates who have been rejected; that the Registrar shall then communicate these names also confidentially to each of those bodies; and that no candidate who has been rejected shall be admitted to re-examination by any of those bodies till after the expiration of three months.'"

Mr. HARGRAVE seconded the motion, and said that the original paragraph of the recommendations of the Council was considered objectionable by many of the bodies, and disagreeable and degrading to the students, who were called upon to sign a declaration that they had not been examined and rejected by other bodies.

Sir D. J. CORRIGAN moved as an amendment that Paragraph 7, Section 5, of the recommendations of the General Council be struck out.

Dr. STORRAR seconded the amendment.

Dr. PAGET supported the amendment. He strongly objected to any publication of the names of rejected candidates.

Dr. A. SMITH thought it would be degrading to the Council to pass such a resolution.

Mr. HARGRAVE said he could see no objection to such a declaration as was required from the students. Something of the kind was evidently needed, when it was remembered that one student, who had been rejected in Ireland three times, went to Scotland, and returned in a fortnight with a degree from the College of Physicians and the College of Surgeons in Edinburgh.

Dr. STORRAR said that when the original resolution was accidentally alluded to one day in the Senate of the University of Dublin, there was a general feeling of amazement that the Medical Council could have framed such a regulation. The question was whether the examination to which the student was subjected was an effectual one. The interval of three months was in reality no guarantee, for a man might have spent his time in idleness. He thought that Dr. Embleton's object was, not so much to meet the justice of the case, as to put the resolution in a less objectionable form. He con-

sidered that the regulation as it stood was a reproach to the Council.

Dr. ANDREW WOOD, in reference to the observations of Mr. Hargrave, called attention to the army medical returns, from which it appeared that thirteen persons had been examined who had received diplomas from the Royal College of Surgeons in Edinburgh, of whom eleven had passed, while of the thirty-eight who possessed qualifications from the Royal College of Surgeons in Ireland twenty-one had passed and seventeen failed. If Irish students, after being rejected in their own country, thought they could come to Scotland and undergo an easier examination, he (Dr. Andrew Wood) would advise Mr. Hargrave to go back to Ireland and disabuse them of any such idea. He thought the regulation as it stood was very objectionable and offensive to the candidates, adding insult to injury by compelling them to proclaim their own shame. At the same time he thought the Council should not hold out any facility or encouragement to young men to go from one body to another to get diplomas. If a young man was told that he required a certain amount of study in order to obtain a diploma he ought not to be allowed to be taken up by any other body within the period for which he had been remitted. He hoped that Dr. Embleton would persevere with his motion. A confidential exchange of the names of rejected candidates would remove the inconvenience and injustice arising from the existing regulation.

Sir J. D. CORRIGAN said he could promise with reference to one body, that it would not conform to the regulation if the Council adopted it.

Mr. SYME believed that other bodies would refuse to comply with the rule.

Dr. THOMSON thought it would be injurious to the rejected candidates to communicate their names to other bodies, since it might excite a prejudice against them. It might be that a candidate was unfairly rejected by one body, and it would be injurious to do anything which would excite a prejudice against him on account of his failure.

Mr. CÆSAR HAWKINS thought that the regulation ought to be entirely abolished. A communication of the names of rejected candidates to the bodies would be most injurious, and it was absurd to suppose that a communication made to so many persons could be considered confidential.

Dr. EMBLETON having replied, the amendment was put to the vote, and was carried by a majority of 10 against 4. It was then put as a substantive motion.

Dr. FLEMING moved, as an amendment, the resolution proposed by Dr. Embleton, omitting the last paragraph,—"That no candidate, if he has been rejected, shall be admitted to re-examination by any of those bodies till after the expiration of three months."

Dr. EMBLETON seconded the amendment.

Dr. PAGET considered that the regulation with the proposed omission would be as objectionable as before.

Dr. A. SMITH said that it would require the Council to be engaged in carrying on secret correspondence and giving secret information.

The amendment was withdrawn, and the motion for rescinding the regulation was adopted.

On the motion of Dr. EMBLETON, seconded by Mr. HARGRAVE, it was resolved,—"That the report of the Committee appointed to re-arrange the recommendations of the General Medical Council on Education and Examination be adopted and entered as an amendment on the Minutes, and afterwards printed in a separate form and circulated as before."

It was also resolved,—"That the standing orders as amended be adopted and entered on the Minutes, and printed separately as before."

Dr. A. SMITH moved that a fourth volume of the Minutes of the General Medical Council, the Executive Committee, and the Branch Councils, with a complete index up to the end of the year 1866, be published without delay.

Dr. PAGET inquired how a volume of Minutes up to the end of 1866 could be published *without delay*. (Laughter.)

Dr. A. SMITH explained that he had adopted the words of the resolution of last year.

The resolution was passed with the insertion of the word "unnecessary" before "delay."

Dr. Sharpey was unanimously re-appointed treasurer to the Council; and a vote of thanks was tendered to Dr. Sharpey and Dr. Quain for their important services.

Votes of thanks were also unanimously accorded to the College of Physicians, to Dr. Andrew Wood (as Chairman of the Business Committee), and to the President "for his kind, courteous, and efficient services during the present session of the General Medical Council;" and gratuities of twenty guineas were awarded to the resident officials of the College of Physicians, and a like sum each to Mr. Bell and Mr. Roope, the clerks of the Council, in consideration of their extra services.

This terminated the sittings of the Council.

Reviews and Notices of Books.

On Winter Cough, Catarrh, Bronchitis, Emphysema, Asthma, &c. By HORACE DOBELL, M.D., Physician to the Royal Infirmary for Diseases of the Chest, &c. London: Churchill and Sons.

WINTER COUGH is one of the most common and troublesome complaints with which general practitioners have to deal, and anything like a successful attempt to explain it in a scientific way, and to bring its treatment into harmony with such an explanation, must be considered as good service done.

The author in his book aims, and not unsuccessfully, at explaining—firstly, the pathological states on which winter cough depends, the order in which, and the causes by which, they are produced; and, secondly, the principles and details of treatment by which it is most effectually to be lessened and removed. Dr. Dobell, as physician to the Royal Infirmary for Diseases of the Chest, and as having taken great pains in the investigation of the facts touching these diseases, speaks on them with authority. The value of this book consists mainly in the accumulation and analysis of these facts. In the classification of them, let us say by the way, there is use made of most of the colours of the rainbow, which we find much more confusing than helpful, and which we should be glad to miss in any future editions.

Dr. Dobell's views may be briefly summarised thus:—The great majority of cases of winter cough are either cases of bronchitis or bronchitis and emphysema conjoined. The essential cause of cough and of short breath is bronchitis, and not emphysema. Emphysema, in other words, is a consequence of prolonged or deep-seated bronchitis, or any other affection of the broncho-pulmonary mucous membrane leading to its thickening, and to consequent obstruction to the passage of air in the act of expiration—the part of the respiratory act in which, according to Dr. Dobell, emphysema is produced. As to emphysema being hereditary, he thinks it would be more proper to say that the diseases upon which it depends are hereditary, being often diathetic. The great object of treatment, according to this view, is to remove as quickly and completely as possible all colds and all affections of the broncho-pulmonary membrane; and in all chronic affections of these to have regard to any diathetic faults on which they may possibly depend.

The part of Dr. Dobell's views which will be most criticised is his explanation of the production of emphysema, as occurring in cells connected with more or less obstructed tubes and in the act of expiration. On this difficult subject we shall only say that there is a growing disposition to believe, as Dr. Dobell does, that the distension of the air-cells happens chiefly in the course of the expiratory act, and that his objections to other theories are very considerable. It is the more to be wished that he is right as his view involves the hope that, if we can succeed in curing chronic bronchitis and other affections of the air-passages leading to thickening and obstruction, we shall by so much succeed in preventing emphysema.

The chapter on Treatment is of great practical interest. Dr. Dobell's favourite resources consist in the use of ammonia, of blisters, and of respirators, with of course the ordinary care in the avoidance of cold and wet. He speaks highly of the value of Indian hemp, lobelia, and bromide of ammonium, when the cough is spasmodic or convulsive, and makes the practical remark that unless they act decidedly and speedily they do no good. Bismuth he extols as acting wonderfully well in cases of cough coming on when the stomach is empty. He

wisely insists upon the importance of summer as the season for pursuing treatment for the radical cure of winter cough.

The Appendix contains a paper on a very important subject—post-nasal catarrh. The paper is incomplete, though it shows that the author has carefully studied the disease. It is annoyingly incomplete, as containing no suggestion for treatment. The affection often, we believe generally, occurs in connexion with the strumous diathesis, and a principal remedy is cod-liver oil. The Appendix also contains a lecture "On some Principles of Diet in Disease." It must be allowed that the principles are somewhat obvious, but then it is to be further admitted that obvious things are very apt to be overlooked.

On the whole, we think this book calculated to make us more thoughtful and more successful in regard to a most important class of diseases.

THE LANCET RECORD
OF
THE PROGRESS OF MEDICINE AND THE COLLATERAL SCIENCES.

THE RINDERPEST POISON.

IN the report made by Mr. Crookes, F.R.S., to Her Majesty's Commissioners upon the subject of the application of disinfectants in arresting the spread of the cattle plague, the following conclusions are drawn:—(1) The disease is eminently infectious. (2) The infecting matter is neither a gas nor a volatile liquid. (3) The specific disease-producing particles are organized, and possess vitality. (4) The virus of cattle plague is most probably a body similar to vaccine lymph, and consists of "germinal matter," having a physiological individuality. (5) The blood-poisoning set up may legitimately be called fermentation; "it is a decomposition caused by the act of nutrition in the living cell," the result of which is the production of an infinite number of similar bodies. (6) It is not certain that the multiplication of these cells is the *immediate* cause of the blood-poisoning. (7) The ordinary notion, that the virus of contagion consists of decomposing organic matter which is in transition from a more complex to a simple chemical constitution is plausible, but does not meet some of the facts. If it were accepted it would fail to account for the rapid and extensive multiplication of the virus-germs. (8) The germs may be carried to a limited extent through the air, especially through the medium of fogs, but they do not retain their vitality for any length of time in the atmosphere. (9) There is no evidence to show that the germs can propagate themselves apart from the animal.

HOW TO DETECT ALKALINE SULPHIDES IN WATER.

At a late meeting of the French Academy, M. Béchamp described a simple means of detecting alkaline sulphides in water. The reagent he employs is nitro-prusside of sodium. When this substance is added to a water containing an alkaline sulphide, a purple coloration is produced, sulphuretted hydrogen being left in solution. The test is a simple one, and deserves a trial.

A SYSTEM OF PERIVASCULAR CANALS IN THE CENTRAL NERVOUS ORGANS.

The last number of the *Archives des Sciences* contains a notice of Herr His's discovery of a peculiar series of channels which traverse the central nervous masses. He first detected them in a number of sections of the spinal cord, in which they were represented by grooves which he looked upon as opened channels. They are more distinct in the grey than in the white substance. Each groove encloses a bloodvessel, which either lies freely within it or is attached to its walls. They are abundant enough in the brain, and this circumstance explains how one is enabled to remove whole vascular networks with the forceps from the surface of the cerebrum. Herr His's injections of these spaces show the perivascular canals to lie between the nervous substance and the pia mater. He concludes that the spaces are connected with the lymphatic system, and thinks them analogous to those reservoirs which in the frog are placed between the integument and the muscles, and which almost completely separate one from the other.

PRESERVATION OF THE YOUNG AMONG CRUSTACEA.

A singular discovery has been made by M. Eugène Hesse regarding the manner in which some of the parasitic crustacea preserve their young. The larvæ are united to the mother by a natural cord or fibre, which passes from the parent's body to the frontal appendage of the young animal. This cord does not play the part of an umbilical cord, but when the parent migrates from one fish to another the young is thus protected from the perils of travel.

PHYSIOLOGICAL ACTION OF NARCEINE.

In the last number of the *Journal de Chimie Médicale* there is an abstract of M. Linné's researches on the above subject, from which we perceive that the following conclusions have been arrived at:—(1) Narceine is unquestionably of all the alkaloids of opium that which has the greatest narcotic power. *In the majority of cases* morphia and codeia do not produce as sound or as prolonged sleep as results from the use of narceine. (2) Narceine differs from the other alkaloids of opium in producing little perspiration, and in causing no loss of appetite or nausea. (3) So far from producing constipation of bowels, it causes relaxation, and, in large doses, actually gives rise to diarrhœa. (4) It not only produces sleep, but diminishes pain. (5) It has one peculiar action: it suppresses the flow of urine. For this reason M. Linné thinks it might be advantageously employed in cases of nocturnal incontinence of urine amongst children. But it seems to us that, until its action can be shown to be on the bladder rather than on the kidneys, its employment in such cases would be highly improper.

MERCURIAL COLLODION IN THE REMOVAL OF SYPHILITIC PATCHES OF DISCOLORATION.

M. Leclerc states, in the *Presse Médicale Belge*, that a patient of his having tried alkaline, vapour, and sea-baths for the removal of those patches which appear on the skin of syphilitic patients without effect, he recommended her to apply the following lotion, which removed them in a few days:—Corrosive sublimate, fifty centigrammes; collodion, fifteen grammes.

MODE OF DISTINGUISHING BETWEEN NERVOUS IDIOPATHIC ALBUMINURIA AND THE ALBUMINURIA OF DISEASED KIDNEYS.

The principle upon which M. Corlieu founds the test by which he distinguishes between these two forms is, that when the kidneys are healthy the urine possesses the smell of odorous substances introduced into the system. He says that if such substances as cubebs, turpentine, &c., be ingested, they will give their characteristic odour to the urine, in cases of albuminuria, provided the kidneys be healthy; but if the kidneys be diseased, as in nephritis, the odour of these substances cannot be detected, even though they have been previously introduced into the system.

INFLUENCE OF WATER IN THE PRODUCTION OF MILK.

The recent experiments of M. Damoiseau and others show that the abundant secretion of milk is directly dependent on the abundant ingestion of water. In former researches, which tended to prove the opposite conclusion, there was not sufficient allowance made for the quantity of water contained in the food given to the cows upon which the experiments were conducted.

THE PRESERVATION OF SULPHATE OF IRON.

Signor Pavisi recommends the following method of preserving sulphate of iron from oxidation:—Mix four parts of pure crystallized sulphate of iron, and an equal quantity of finely-powdered gum arabic, with distilled water, and evaporate the solution in a water-bath, at a low heat, till it has a sufficient consistency to be poured out on plates of glass. When it has been poured out in this way, and allowed to dry at a temperature of 30° cent. in the dark, it may be cut up into lozenges, which can be kept for any length of time in a coloured stoppered bottle. A further account of this method is published in the *Tijdschrift voor Wettenschapplijke Pharm.*

THE STRUCTURE OF THE CRYSTALLINE LENS.

A very valuable paper has been published by Herr Von Becker in the *Archiv für Ophthalmologie* on the subject of the structure of the crystalline lens. The eyes he investigated

were those of the calf. They were prepared by maceration for a few hours in a solution of sulphuric acid (five drops to the ounce of distilled water). The capsule of the lens, he says, at first appears to be perfectly homogeneous, but when it is examined with a sufficiently high power, it exhibits striæ that indicate a lamellar structure, which is still more marked when the capsule has undergone morbid thickening. The anterior capsule is decidedly thicker than the other. In fish and in amphibia there is less difference between the two capsules in this respect than in mammalia and birds. The difference increases with age. In a man of seventy-two years it amounted to 0·047 millimetres. The inner surface of the thickened portion of the capsule is clothed with a layer of cells, which is not epithelial only, but is in some measure composed of small rounded cells. The fibres of the lens are thus developed: The small rounded cells of the capsule arrange themselves in groups of from two to six; their nuclei increase in size, assume a linear direction, and finally the cells themselves unite, and form cylinders of a concave and jointed appearance at the surface of the lens. The development goes on actively even at birth. Numerous spaces exist between the fibres, to which Herr Becker gives the name of *interfibrillary spaces*, and asks, do they exist during life?

THE ALBUMEN OF THE BLOOD IN CHOLERA.

The researches of M. Fernaud Papillon on the chemical and physical constitution of the blood in cholera have been published in the *Journal de l'Anatomie* (No. 2), and deserve the notice of the profession. His observations on the nature of the albumen removed from the blood of cholera patients during the algide period show that that fluid differs materially from the normal albumen. The albumen was separated from the corpuscles by repeated filtrations. The following are the results of M. Papillon's experiments:—(1) This albumen, placed for four days in water, became neither hydrated nor swollen; it remained just as it was when first added, although ordinary albumen is either dissolved or swells up under the same circumstances. (2) It does not dissolve in potash or soda, even at an elevated temperature, although ordinary albumen is soluble in these reagents, even at ordinary temperatures. (3) When treated with hydrochloric acid, it slowly dissolves, and the solution, instead of having the usual deep-violet colour, is only faintly tinted. (4) At the ordinary temperatures, common albumen decomposes rapidly a mixture of nitric and sulphuric acids, nitrous vapours being disengaged. Choleraic albumen does not do so at the ordinary temperatures. Ordinary albumen is very rapidly dehydrated by sulphuric acid; the choleraic albumen is affected only after a long exposure.

WHAT GANGLIA TO SELECT FOR MICROSCOPIC EXAMINATION.

In concluding the second part of a valuable memoir on the Structure of the Peripheral Nervous Ganglia, M. J. F. B. Polaillon gives the student some useful advice as to the selection of ganglia for investigation. The invertebrate animals, he says, are specially suitable for the study of the relations between the globules and the fibres, because the ganglia are so minute that they remain intact. Among the vertebrates, fishes and especially the plagiostomes (sharks and rays), are most valuable for this kind of research, because of the absence or small development in their ganglia of the intermediate substance, which in mammals, reptiles, and birds unite the cells together, and render the observation of the prolongations so difficult. In the case of birds, mammals, and reptiles, the fœtuses and young animals are to be preferred. As to the choice of the ganglia in any given animal, M. Polaillon says it is always advisable to select the smallest specimens. If it is required to teaze out (*dilacérer*) the constituent parts, one should select the ganglion of the sensitive root of the hypoglossal nerve of the dog. When you wish to make sections in different directions, you may choose the Rachidian ganglion. To examine the small microscopic ganglia embedded in the tissues, it is best to select the heart of the frog, in which, after the tissue has been made transparent by maceration in dilute phosphoric or acetic acid, these ganglia may be easily seen. The same means may be employed in examining the ganglia of the excretory ducts and of the intestinal canal.

ABORTION PRODUCED BY LAMINARIA DIGITATA.

A curious case of this kind was reported to the Belgian Academy of Medicine, at its meeting on the 17th of May, by MM. Van Welter and Deneffe. In the case recorded, death and putrefaction of the fœtus were supposed to have resulted from the employment of the laminaria, but the evidence which attributed the result to its influence is not sufficiently satisfactory.

THE SPHYGMOGRAPH IN ENGLISH MEDICAL PRACTICE.

To the Editor of THE LANCET.

SIR,—I rely upon your impartiality for the admission to your columns of a few brief statements in reply to the article in your current number headed as above.

1. With regard to any claim on my part to the first introduction of the sphygmograph to English medical practice, I can say that I have never sought any such honour. On the contrary, I have not only publicly expressed my obligation to Dr. Anstie for my first acquaintance with the instrument, but I have also alluded to one of the two cases published by him in THE LANCET, and referred to the researches which have been promised us from his pen. The following passages extracted from my pamphlet prove this:—

(*a*) "To the kindness of Dr. Anstie I owe my first acquaintance with the instrument, and to him we are, I believe, indebted for its first introduction to a Medical Society in this country." (Note, p. 6.)

(*b*) *Vide* (in THE LANCET, Jan. 20th, 1866) a case in which valuable information was gained from a consideration of pulse-traces by Drs. Sanderson and Anstie." (Note, p. 24.)

(*c*) "This subject (i. e., the form of the pulse-trace in acute disease) is receiving the attention of Dr. Anstie, and from his investigations, which were alluded to in THE LANCET some months back, we have reason to expect some very valuable information." (p. 32.)

In April last, when I demonstrated the use of the sphygmograph at a meeting of the Bath and Bristol Branch of the British Medical Association, I was informed that the instrument had been exhibited by Dr. Hughes Bennett to many members of the profession in Bath in September, 1864, when the British Association met in that city—a date even prior to that claimed for Dr. Sanderson's first acquaintance with it.

2. My paper, originally read at the Midland Medical Society, and afterwards published in the *British Medical Journal*, was written with the object of bringing prominently before the profession at large a subject which, considering its importance, had found very few investigators. With reference to the assertion that the reprint is "scarcely more than a collection of cuttings" from M. Marey's work, I beg to say that it contains an account of a few of the many experiments I have made in confirmation of the views of the French author. It also contains twenty-one engravings of pulse-traces taken by myself from interesting cases of disease, and selected from some two hundred observations made on patients at the General Hospital, the Queen's Hospital, the General Dispensary, and the Workhouse Infirmary in this town. The only engravings copied from M. Marey's work are those representing the instrument, the diagrams of strong and feeble tension, and the trace of the ventricular systole. The source of these is acknowledged in the text. *Every pulse-trace is original.* Any sentences translated from the work of M. Marey are marked by inverted commas. Finally, I may add, that in the last sentence of the pamphlet, the paper is described as an "exposition of the views of the French physiologist." I *now* say that it is not merely an exposition of M. Marey's views: it is more; it is the first paper published in the English language containing an account of any considerable number of observations made with the instrument.

I am happy to say that I have received a very complimentary letter in reference to my pamphlet from M. Marey, in which he asks permission to quote in his forthcoming work the results I have published, and those which I am preparing for publication.

3. Having endeavoured, as I have shown, to do full justice to those who have preceded me in the use of the sphygmograph, I regret that you should call in question my right to repeat and extend M. Marey's researches. When the stethoscope, the ophthalmoscope, and the laryngoscope were respectively invented by Laennec, Helmholtz, and Czermak, I am not aware that anyone claimed a monopoly in the application of these instruments, or in the discussion of the merits of these discoveries. On the contrary, is it not true that the independent investigation of new facts by a number of observers is the legitimate and most fruitful method of promoting their application to the uses of our art?

I am, Sir, your obedient servant,

BALTHAZAR FOSTER, M.D.

Old-square, Birmingham, May 28th, 1866.

THE LANCET.

LONDON: SATURDAY, JUNE 9, 1866.

ON Friday, the 1st of June, the usual notice of the date of the election of members of Council of the College of Surgeons appeared in the *London Gazette* and also in two daily papers; and as the period for sending in the names of candidates for election is limited to the ten days following such notice, it behoves any gentlemen who are intending to present themselves for election to send in their applications in the required form without delay. As far as we know, the candidates will be—Mr. LUKE and Mr. HILTON, who propose themselves for re-election; Mr. CHARLES HAWKINS and Mr. SPENCER SMITH, who are anxious for the honour of a seat at the Council-board. Mr. HILTON, we have already stated, in our opinion, deserves, and in all probability will attain, re-election; whilst Mr. LUKE is, we believe, not likely to obtain the suffrages of many of the electors, not from any personal feeling entertained against him, but simply because the majority of the Fellows feel that he has already occupied a seat at the Council sufficiently long, and that it is advisable to break up as soon as possible that overwhelming interest at the Council-board which the Court of Examiners (of which Mr. LUKE is a member) now unfortunately possesses.

There being therefore in reality but one vacancy to fill up by a new election, the Fellows are bound to elect a gentleman who will prove himself a conscientious reformer, and who will help to carry out the provisions of the Charters. Such a man we believe Mr. CHARLES HAWKINS to be; and we are authorised to state that that gentleman will, in the event of his election, feel himself bound to refuse the coveted post of an Examiner—being thus the first instance of an avowedly disinterested candidate for the Council.

Mr. CHARLES HAWKINS, being thus set free from that bond of expectancy which has hitherto proved such an effectual fetter to all would-be reformers, will be able to devote his energies to carrying out those provisions of the Charters of 1843 and 1852 which were intended by Sir BENJAMIN BRODIE to ensure greater liberality and freedom in the proceedings of the Council, and notably those of sections 20 and 21 of the former and section 16 of the latter Charter, which relate to the election of Examiners and of the President and Vice-Presidents of the College. For four-and-twenty years it has been enacted "that the President and Vice-Presidents of the said College shall no longer be chosen exclusively from and out of the Examiners of the said College, but from and out of all the members of the Council indifferently, and whether Examiners or not;" but this rule has never been acted up to, and, to the lasting disgrace of the then Council, in 1855, when in due course it would have come to Sir BENJAMIN BRODIE'S turn to serve as President, he was passed over because he had honourably retired from the post of Examiner in order to make way for younger men. According to the present mode of procedure, a member of the Council, no matter how distinguished, has no chance of occupying the President's chair unless he be an Examiner; and thus we have recently seen a venerable surgeon, who not unnaturally wished to crown a highly successful career by the Presidency of his College, obliged to undergo the distasteful labours of an Examiner for nine long years, in order that he might be eligible for the post which he coveted. Every member of the Council ought to be eligible for the office of President, whether an Examiner or not, and the College of Surgeons will probably have a little more weight with the public when its representative on great occasions approaches somewhat in eminence the head of the sister institution, the College of Physicians. The *de facto* life examinerships which at present exist are in direct contravention of the spirit if not of the words of the College Charters, and we know that Mr. HAWKINS is prepared to make a move in this direction, which has been long wanted, and which will, we believe, receive very considerable support in the Council, although no member has as yet had the courage to stand up and make the proposition. Sir BENJAMIN BRODIE in his Autobiography thus expresses his opinion on the question:—

"My own view of the matter is, that while hospital surgeons somewhat advanced in their profession should be the principal element in a Court of Examiners, it will be well to have conjoined with them a certain number of younger men, fresh from their anatomical studies, who, not being much engaged in practice, would have more leisure to bestow on the anatomical part of the examination than their elders of the profession."

It will, we know, be especially gratifying to Mr. CHARLES HAWKINS to carry into execution the express opinion of his distinguished friend.

Mr. SPENCER SMITH'S candidature is, as we have already said, not intended to oppose Mr. CHARLES HAWKINS'S election, but simply to bring himself before the electors with a view to a future vacancy; there will therefore be no competition between these two gentlemen, and it will be unnecessary for their mutual friends to split their votes.

THE Eighth Annual Report on the Condition and Management of Lunatics and Lunatic Asylums in Scotland has recently been issued. From it, as might naturally be expected, some interesting facts may be collected.

The first table shows a steady increase for several years in the number of pauper lunatics in public establishments, and a steady decrease of those in private dwellings. The increase, however, is so much greater than the decrease that the total number of pauper lunatics has risen from 4737 at Jan. 1st, 1858, to 5392 at Jan. 1st, 1865. On the other hand, the number of private patients, whether in lunatic asylums or in private dwellings, has undergone no material increase during the seven years. This difference in the growth of pauper and private lunacy is considered by the Commissioners to depend not so much on the smaller proclivity of the wealthier classes to insanity as on the pauperising tendency of the malady, which leads to a considerable number of patients being every year transferred from the category of private lunatics to that of paupers. The influence of asylum extension in promoting this change is stated to be very considerable, as, from the cost of maintenance being materially greater in establishments than in private dwellings, the funds of the patient and of his rela-

tives are sooner exhausted when recourse is had to asylum treatment, which, with the increase of accommodation, becomes of more frequent occurrence. The total number of lunatics under official cognisance on Jan. 1st, 1865, was 6504. The Scotch Commissioners do not exercise any jurisdiction over insane patients living under the care of their own families unless their mental disorder shall have existed for more than a year, and recourse has been had to coercion or restraint, in which circumstances it is incumbent on the occupier of the house in which the patient resides, or on his medical attendant, to give intimation of the case to the Board. In practice, however, this would appear to be very rarely done, partly from the fact that in popular language the terms "coercion" and "restraint" are in meaning restricted to the use of mechanical appliances, partly from ignorance of the statutory requirements, and partly from the unwillingness of relatives to bring their family griefs under public notice. Nevertheless, occasionally the attention of the Commissioners is directed to such cases, sometimes by accident, but more generally by intimation from persons led to suspect that harshness or cruelty has been employed. The murder by a lunatic of both his mother and sister, which occurred last year in Edinburgh, may be cited in illustration of the first means of cognisance, whilst of the second an apposite illustration is given in the Report.

The Commissioners are of opinion that, although sometimes there may be too much delay in granting certificates of insanity, the consequences of being too precipitate in this matter are occasionally so onerous that it is difficult to blame medical practitioners even when what may be termed over-caution is exercised. In all cases in which no doubt can be entertained of the existence of insanity, and where the propriety of asylum treatment is manifest, the patient should be at once removed, and in such circumstances "it will generally be proper to take advantage of the certificate of emergency to avoid the delay necessary to obtain a second medical certificate and the order of the sheriff. During the past year a patient was seriously injured in a scuffle in the Edinburgh City Poorhouse while awaiting removal to the Royal Asylum, from the delay thus occasioned. Three of his ribs were broken, and his body was much bruised."

The Commissioners remark on the loose manner in which medical certificates of insanity are still occasionally framed. So loose, indeed, is this that sometimes the statutory requirements are by no means strictly adhered to. In one certificate it was stated that the patient "has a great desire to appear conspicuous as a musician;" in another, "He will not answer any questions put to him, and is of a slouching, dogged appearance;" in a third—the report, in fact, of an asylum superintendent—"His mind is weak; his being sent to an asylum seems to affect him very little." Now, without doubting that the patients for whom these certificates were granted were in reality of unsound mind, it is yet clear, as pointed out in the Report, that *legal proof* is not afforded of the existence of insanity.

Opportunity is taken to record the strong disapproval of the practice of removing patients to asylums under the influence of chloroform, even with medical sanction. As it must generally be administered with force, the effect on the patient's feelings is very painful, and extreme difficulty is consequently experienced in reconciling him to his position, and making it favourable for recovery. During the past year, notwithstanding all the vigilance of the officers and attendants, several deplorable occurrences took place in asylums. In Garngad Asylum a male patient destroyed the sight of one eye completely, and damaged that of the other, with a small pocket corkscrew which had been left in his possession, whilst another patient of the same institution narrowly escaped being drowned in the Clyde, into which he threw himself after escaping from a party on its way to a place of public amusement in the confusion caused by the rapid passing of a fire-engine. In the Edinburgh Asylum a patient committed suicide by setting fire to her clothes, and another inmate of the same place, who had made his escape, was found dead in a quarry, into which it was supposed he had fallen. The general management, however, of all the asylums subject to the supervision of the Commissioners during the past year is stated to have been, on the whole, very satisfactory. Mechanical restraint is employed only in rare and exceptional cases in public and district asylums. But in private and parochial asylums recourse is more frequently had to its use, and this occasionally without an entry being made in the register provided for the purpose. Such instances meet with due interference on the part of the Commissioners, much, no doubt, to the annoyance of those who find that they cannot thus err with impunity.

Medical Annotations.

"Ne quid nimis."

THE MEDICAL COUNCIL.

THE concluding reports of the sittings of the Medical Council appear in our impression of to-day. Their purport will have been partly anticipated from the remarks which we have made touching the general course of business in the Council. This is, perhaps, the proper occasion to refer to the extreme length and verbosity of the proceedings. We distinguish these two heads, as the protraction of the business is not due solely to the verbosity of particular speakers. Anyone, however, who is sufficiently curious to measure the number of columns of printed speech taken up in our three numbers by particular speakers will find that four or five members occupied by their remarks near nine-tenths of the time. The *enfant terrible* of the Council is Sir Dominic Corrigan. It is not the most dignified part which a man so able and distinguished could play, and he plays it to excess. He has pursued during the last two sessions—but especially during the present—a policy of noisy, reiterated, and prolonged obstruction. He has spoken against everything and everybody. He agrees with everyone who thinks much more ought to be done by the Council than it has done; yet he has opposed everything which it was proposed to do. He would have no Medical Acts Amendment Bill, because the examinations of corporate bodies were not perfectly carried out; and when the visitation of examinations was proposed he refused to assent to it, and ultimately declined to act. He has opposed the amendment of the Act; he has opposed the visiting of the examinations; and has concluded by occupying one mortal hour in proposing to abolish the Council, because the Act was insufficient and the examinations were not yet sufficiently controlled. In this way a member of Council certainly attains prominence, but it is an unenviable one; and Sir Dominic Corrigan has already shown that he has the capacity to make himself distinguished in Council by other qualities than persistent opposition and fatal volubility. There are other members to whom this opportunity of speechifying is but too tempting. Dr. Alexander

Wood and Dr. Andrew Wood are amongst the most valuable props of the Council. Dr. Andrew Wood is the great business authority; but he abuses that position, and on every subject and at any moment he is ready with a speech. The Council is constantly occupied with matters of detail, and if other members were to use the privilege of expressing the opinions which of course they all form before they vote, as freely as those two gentlemen, the Council meeting would have lasted at least three months instead of eleven days. Long speeches are rarely required at the Council; and the general impression of all classes of the profession is, unquestionably—and we speak here with certainty the opinion of a considerable number of well-known and eminent persons,—that there is too much of the formal kind of oration at this deliberative body.

There has been this year one other considerable source of delay—the habit of disputing the ruling of the president as to questions of order and business. Very little of the long tedious discussions as to the forms and procedures is recorded in our pages; but it has prevailed to an extent altogether unknown in any public body. Whether it be that Dr. Burrows is too pliant and too readily submits to have his ruling questioned, or his subjects are unusually rebellious, or the business is very intricate, there have frequently arisen scenes of prolonged and tedious confusion, with endless verbal disputes about amendments and motions, and wordings and procedures, which a despotic president could settle in two minutes; and reporters accustomed to other assemblies of a similar character have been utterly astonished at the insubordination and waste of time.

We have had so many good words to say of the general scope and usefulness of the proceedings of the Council that it certainly will be understood that our object in making these comments is to draw attention to preventable causes which operate to diminish the just influence, utility, and popularity of a body which deserves the respect, and will, we feel persuaded, end by securing the gratitude, of the profession.

UNITED ACTION IN CASE OF CHOLERA.

THE Metropolitan Medical Officers of Health have issued a memorandum suggestive of the course of action to be pursued by themselves, by vestries and district boards, and by the public generally, in case of a visitation of cholera. The wisdom of some of the suggestions will be variously judged according to the views of the reader as to the nature of cholera, and the best treatment of it. But in the main there will be a general opinion that a wiser set of instructions—one more firmly based on experience and on all that is scientifically known of the disease—has not been issued on any previous occasion of the kind. We do not know the special hands that we are indebted to for them, nor whether the adoption of them by the body of medical officers of health was unanimous. But we congratulate the vestries and the public on the document. It is proof to us that the public health in London is in good medical hands. This has not always been the case. Threatened invasions of cholera have ere this been the occasion for showing that the highest public sanitary authorities and the highest medical authorities were at unseemly issue on vital points of procedure. It is a most auspicious sign that this is no longer the case, and that the medical officers of health have issued a short pamphlet containing suggestions which are so practicable that there will be no great difficulty in carrying them out, and which are so wise that, if carried out, we believe they will have the most important effect in limiting the extent of the epidemic.

The notes are printed in large type, and in the briefest style. They may be read in a few minutes; and we hope they will be scattered freely throughout not only the vestries of London, but the boards and town councils of the country. They are divided into six sections as follows:—1. Water. 2. Against the spread of cholera. 3. Disinfection and disinfectants. 4. Speedy interment of the dead. 5. Special provision for poor districts—especially (1) in the way of sick wards; (2) of house-to-house visitation; and (3) the dispensing of medicines. 6. General measures of precaution.

The general drift of the suggestions of the medical officers is to this effect: Look to the purity of the water drunk, and see that it is plentifully supplied. Isolate patients affected with cholera in a well-ventilated room, and, if this is impracticable, send the patient to the special sick wards, which they assume will be provided in every district for the reception of cholera patients. Disinfect everything and everybody having any relation to the patient or the excreta of the patient, and especially the excreta themselves. For the disinfection of the excreta, they recommend the admixture with them of a wineglassful of solution of chloride of zinc or iron. As a most vital point, too,—and there is no doubt they are right,—they recommend the disinfection of clothes before they are washed. "The best disinfectant is dry heat, at 250° Fahr., where it is possible, for woollen fabrics; linen should be boiled in water, or plunged into boiling water."

Probably it is to the better understanding of, and the greater faith in, such measures as those indicated in the memorandum of the medical officers that we are indebted for the fact that the cholera which had shown itself so virulent on board the ships lately returning to Liverpool was arrested and prevented from spreading. The poor patients affected were so peculiarly circumstanced that they could be isolated and dealt with in a more simple way than is always practicable with our own poor.

The great wisdom of vestries and town councils will be shown in being prepared for the first cases which happen, and for having them as perfectly isolated as possible. To this end the ports of the country that are likely to receive cases from infected places should at once make provision. We quote on this subject from the memorandum of the medical officers:—

"*Special sick wards* for the reception of cholera patients must be provided. It may be said truly that the safety of a whole parish may depend on the energetic treatment of the first twenty sick persons. If these be removed from crowded dwellings, and their dwellings be disinfected in the manner before mentioned, the mischief may stop. Hence it is expedient to provide for the reception of a certain liberal number at first. This number should be determined by each district board according to the circumstances of each. Of course there are limits beyond which the sick must be left at home; but all depends on the extinction of the disease by energetic treatment at first."

We have only, in conclusion, to urge upon the profession and upon all bodies responsible for the public health the serious consideration of these short and wise memoranda.

THE CORONER FOR CENTRAL MIDDLESEX.

IT is unnecessary to express our regret at the resuscitation of matters of dispute between Dr. Lankester and the medical profession; the more so as we were just beginning to see decided signs of a better understanding and a better feeling between the Coroner and our Islingtonian brethren. We shall not go into the personalities of this question. The unseemly collision between Dr. Sansom and Dr. Lankester is such a natural consequence of one or two bad customs in the system of paying medical witnesses, that we see no occasion to charge either of these gentlemen with having had at any time other than reasonable and gentlemanly convictions on the questions at issue. If the result of the revival of this matter before the county magistrates shall be the discontinuance of these bad practices, then very great good will come out of a very disagreeable incident.

The two practices which must be discontinued as at once unbusiness-like and unjust are the signing of receipts before the payment of fees and the appropriation by the coroner's officer of the silver of the fee of the medical man.

But despite Dr. Lankester's strong statements to the con-

trary, which he makes, we presume, in ignorance of detail arising from his unbounded confidence in his officer, we must venture to doubt the statement that the cases are exceptional, and to believe that such cases were, until lately at least, numerous, if not the rule. As regards the second practice, nothing can be more unjust than that the constable should retain a portion of the medical man's fee. In fact, after the *exposé* of these practices, medical men will have nobody but themselves to blame if they sanction them or become parties to them.

We have only, in conclusion, to say that in our opinion, judging from what is evidently not too clear a report of what passed before the magistrates, Dr. Lankester's conduct in these matters was spoken of in terms unnecessarily strong and improperly offensive. For example, Mr. Kemshead is made to say, "In this case Dr. Lankester had received an amount from the court and it had not been paid." This is an offensive expression of which Dr. Lankester has a right to complain. He, of course, believes, we think wrongly, that Dr. Sansom has been paid twice. And there are other expressions reported as used by the magistrates, in excess, we think, of anything which the facts of the case justify. We have only to express our earnest hope that advantage will be taken of this opportunity of securing the discontinuance of the bad practices to which we have alluded.

THE HEALTH OF HONG-KONG IN 1865.

THE health of the residents of Hong-Kong in the year 1865 is a subject of great importance in connexion with the melancholy unhealthiness of our troops there in that year. Hence we have perused with considerable interest the seventh annual report of the colonial surgeon, Dr. Murray, on this subject. It is for the year 1865. There is a little want of clearness in some parts of this official paper, but there is a great deal of very interesting and curious information in it, of which we shall try to give our readers the principal parts.

The general mortality of the place for the year was much increased, but chiefly in a special way—that is to say, principally from one or two diseases, the brunt of which fell on the general resident Chinese population of the place, and spared particular classes. It is to be understood that Dr. Murray does not give any particulars of the unhealthiness of the troops in Hong-Kong, except in a table kindly furnished to him by Dr. Dick, principal medical officer. From this table it appears that the rate of sickness among the troops in Hong-Kong during 1865 was 293·72 per cent., and the rate of mortality 7·56 per cent. The class of men with whom we should most naturally compare soldiers, in respect of sanitary facts, are policemen. And the unhealthiness of the troops at Hong-Kong will appear the more shocking when we contrast the above figures with those representing the sickness and mortality of the police force in that place. The rate of sickness in the police force for 1865 was 98·19 per cent., and that of mortality 1·96 per cent.

The diseases which—to judge from the reports of the various hospitals—were unusually prevalent in Hong-Kong in 1865, were diarrhœa, dysentery, intermittent fever, and primary syphilis. But it was not to any of these that the principal mortality was due in the resident native population. A disease altogether new to the place broke out in 1865, having all the essential characters of yellow fever. It appeared first in a prisoner in Victoria Gaol upon 3rd of March. He was said to have come direct from Macao. The disease spread extensively, though at first not rapidly, in the gaol. It did not finally disappear until there had been 373 admissions and 40 deaths. 103 cases were admitted into the Government Civil Hospital, of which no less than 40 proved fatal. The disease prevailed also in the town. The British ship *Tricolor* left Victoria, Hong-Kong, for Dutch Guiana on the 2nd of May with 480 coolies on board. Upwards of 200 of them died on the voyage, as far as can be ascertained, from a similar disease. The principal mortality in Hong-Kong occurred among the natives.

"Very few Europeans were attacked, a comparatively small number of Indians, and no females were brought under its influence.....The disease was of the nature of a bilious fever, occurring in the form of the continued, remittent, or intermittent type, rapidly passing into the typhoid, and frequently terminating by hæmorrhage from the bowels, and in some cases by black vomit. The skin became yellow, &c. In fatal cases spots of ecchymosis were not unfrequent. The principal post-mortem appearances were intense jaundice, fluidity of the blood, congestion, sometimes ecchymosis of the mucous membrane of the stomach, enlargement of the liver, &c. The stomach contained greenish-black fluid."

Dr. Murray does good service in so minutely describing this disease, the more so as, we regret to say, it has reappeared this year. It is full of interest as a new disease in China, and of importance as being a fatal one.

THE "CACOETHES SCRIBENDI."

OF late years a practice has obtained with a certain class of writers, which pervades not only the communications forwarded for publication in the medical journals, but cases and papers read before societies. It consists in an elaboration of a single fact into a history, or spinning out of a theory, ingenious no doubt in many instances, but of such unreasonable length that it tires or bewilders the reader or the hearer. If a gentleman has a case to narrate, no matter what its nature, no matter whether of little or surpassing interest, the account of his case is preceded by a historical description of the disease of which it is a specimen, and an analysis, too often tedious and diffuse, of every case of a similar kind that has been placed upon record. However creditable such histories may be to the industry of writers, they are strangely out of place and unnecessary, and wearisome to those who have to read or listen to them. Such records may be properly referred to in notes, but to repeat them in detail in a contribution is taxing the patience of an auditory almost beyond endurance.

The effect of this practice is also injurious to discussion in the societies, the paper being often of such extreme length that no time is left for debating its merits. Other papers, and these frequently of much practical value, are either swamped for the time, or a mass of them are read in brief abstract at the termination of a medical session.

Reference to Transactions of our societies, particularly to those of the Medical and Chirurgical, will show that the practice to which we refer is of modern origin. The great physicians and surgeons who contributed to those volumes the results of their experience never dreamt of such extravagances. They had something important to communicate, and they did so succinctly and without that display and that *cacoethes scribendi*, in which modern authors indulge. If writers of the present day could be impressed with the truth of the axiom that "brevity is the soul of wit," they would adopt a different course from that which they now follow with respect to their lucubrations. They defeat the very object which they seek to attain. Long, elaborate, and diffuse papers are seldom read, whilst those of moderate and reasonable proportions are calculated to attract general attention. The great and eccentric painter Blake is said to have seen the ghost of a flea and sketched it. But if a medical author has to depict the ghost of a fact he so encumbers his description with fancies and theories that the ghost is lost in the surrounding unnecessary paraphernalia. We are far from wishing to deprecate a proper and judicious addition in the way of comment or of history in the narrative of a case. It is the abuse and not the use of this practice which deserves to be reprobated. Men of really practical minds seize upon the important facts of a case and leave out all needless verbiage. One finds nothing diffuse or "elaborate" in the writings of such men as Astley Cooper or Benjamin Brodie. When they had facts to communicate

they were sufficient in themselves to ensure attention. But "minor lights" seek to bolster up their pretensions to be "practical" men by importing the experience and thoughts of others into their "essays." In this way they can at least shine with a borrowed light. Unfortunately, however, their own identity is too of teneclipsed. It was said by Sir Samuel Romilly—not only a great lawyer, but a great statesman—that long speeches before the Lord Chancellor or the Senate were objectionable and unnecessary. "Twenty minutes," he used to say, "was sufficient to state the arguments in any case." The real difficulty was in such condensation. Sir Walter Scott, when taunted with the extreme length of his Life of Napoleon Bonaparte, replied, "I had not time to make it shorter." Our brethren may take a hint from these facts: they are pregnant with meaning. We leave them to their serious consideration.

THE Government have very wisely, and not too soon—although repentance is always "in time"—consented to assume one-half of the burden of the salaries of the medical officers of unions of Ireland. This will unquestionably be advantageous to the medical men, as it will be equitable and agreeable to the ratepayers.

THE two days' inquiry at the Strand Union Workhouse into the details of the disclosures made by Mrs. Beeton, the late head nurse of the infirmary, as to the general character of the administration, has resulted in a general confirmation of all her statements. The manner in which her evidence was given was felt and acknowledged to be satisfactory. She carefully distinguished between things which she knew and those which she only had reason to believe; and the main facts alleged were admitted to be incontrovertible. The peculiar importance of the investigation arises out of the fact that here were laid bare, not isolated delinquencies of a particular nurse or porter, or of an overworked medical officer, so that the public should be satisfied by sacrificing a nurse or a porter, or censuring a medical man for "not properly entering up his medical relief-book," or "recording his daily visits;" but here the whole interior of a workhouse infirmary was exposed before the public eye, and people have seen the thing as it is, in its ordinary aspects—neither at its best nor its worst. The Government will very shortly, we hope, declare what their intentions are in respect to the carrying out a scheme of general improvement.

THE profession must feel particularly concerned at the reticence exhibited by Sir George Grey as to his intentions with regard to the Bill for the Amendment of the Medical Acts. Obvious and unanswerable reasons exist why this Bill should be adopted as a Government measure; and the interests of the public would seem to demand that the determination of the Home Secretary in this direction should be signified with all convenient speed.

LAST week an address, engrossed on vellum and illuminated in the highest style of the art, was presented to James Dawson, Esq., F.R.C.S., of Wray Castle, Windermere. Thirty years ago Mr. Dawson had founded the Liverpool Medical Institution, and for twenty-six years was its president. The testimonial was offered on his retirement from that honourable post. The address was highly complimentary, and a suitable answer was returned by the venerable president, now in his eightieth year.

THE medical profession is, we believe, the only one of the learned bodies which has not a club or association in London. It is remarkable that whilst the clergy have several, and the lawyers at least one important institution of the kind, the doctors have no such "home." That it is much needed, however, there cannot be a doubt. Many correspondents, from the country especially, urge upon us the necessity of agitating this question. We have long been of opinion that a club in which medical gentlemen might meet in social life would be of the highest advantage to the profession. Now that there is a Medical Council and elections at the College of Surgeons, such a club could not fail to attract many country practitioners to its advantages.

A HINT for medical officers of lunatic asylums may be taken from the following statement in an American paper quoted in *The Times*:—"A prisoner under sentence of death was in such a state of wild excitement that no one dare enter his cell, and the sheriff called in the aid of a medical gentleman, who syringed chloroform upon the prisoner through the grating of the door until he was reduced to a state in which irons could be put upon him."

THE OFFICIAL INQUIRY AS TO WORKHOUSE INFIRMARIES.

WE understand that the official inspection of the workhouse infirmaries of London, undertaken by Mr. Farnall and Dr. Smith by desire of the President of the Poor-law Board, with a view to furnish official data for measures destined to improve the condition of the sick poor in these infirmaries, has now been brought to completion. The reports will probably be very shortly ready; and seeing the advanced period of the Session, the importance of the subject, and the interest which Mr. Villiers is known to attach to it, we may hope that the results will soon be apparent in the business paper of the House of Commons.

Correspondence.

"Audi alteram partem."

MR. LUKE AND THE COUNCIL OF THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—I have this morning received a letter from a friend in Gloucestershire, in which he writes: "I have lately seen a statement in THE LANCET suggesting, rather than absolutely asserting, that you do not desire to be re-elected to the Council of the Royal College of Surgeons," and making inquiry whether "this statement is well founded." As I have not seen the statement referred to, I do not know to what extent my desires may have been misrepresented. If, however, such a statement, or anything like such a statement, has been made, I beg you will make the earliest possible correction of the error by the insertion of this letter in the next number of your journal.

I think you will scarcely attribute to me the great folly of placing myself in nomination for re-election into the Council, and of subjecting myself to the possible chances of not having my desires gratified, unless *I wished for a successful result*. As, however, I am of opinion that such elections should be the spontaneous act of the electors, and not the result of pressing solicitations, I do not propose to canvass the electors for votes; but should my re-election be spontaneous on the part of the Fellows of the College, I shall highly esteem the compliment, and duly appreciate the trust reposed in me, and it will be my pleasure to endeavour to discharge it in the best interests of the College, as I have hitherto done.

I am, Sir, yours faithfully,

Woolley Lodge, June 4th, 1866. JAMES LUKE.

CLITORIDECTOMY.

To the Editor of THE LANCET.

SIR,—Were I to allow my feelings on the subject of which I am about to write to carry me away, my letter would be a

much less temperate one than I hope and expect you will consider it to be.

If a new operation be started, or a new system of treatment introduced, no matter how wrong and absurd they may be, the way to ensure success to either one or the other is to run it down and express strong opinions against it. But as I am anxious that the very questionable operation performed by Mr. Baker Brown for the cure of epilepsy should not gain ground, I would ask my professional brethren not to persecute Mr. Brown and his followers or to speak too disparagingly of their treatment, but to publish whatever facts may come to their knowledge, either for or against; for I think such a course would lead to its discontinuance, simply because (as is my firm belief) we should find the number of cases *permanently* cured to be very few and far between.

I have at the present time under my care a lady, aged twenty-six, who has been epileptic ever since she was four years old. She was admitted into the Surgical Home a short time ago, underwent the "operation as before," suffered intense pain afterwards, and thirteen weeks after admission was discharged, if not cured, greatly benefited. But a month had not passed before her fits returned with a severity never before equalled, and she is now as bad as ever.

This is my mite; let other members of the profession contribute theirs, and I think in a short time the "operation as before" will either be forgotten, or thought of by those who do remember it with horror and indignation.

I am, Sir, your obedient servant,

HARRY GAGE MOORE, L.R.C.P. Lond.

Northgate-street, Ipswich, June 2, 1866.

THE INTRA-UTERINE SPRING PESSARY.

To the Editor of THE LANCET.

SIR,—The questions which Dr. Greenhalgh reiterates with such pertinacity have been already fully answered, as your readers will find on referring to my letter of May 5th, and to the communications from Dr. Aveling and Sir J. Y. Simpson (May 12). The use of the intra-uterine spring, claimed as his invention by Dr. Greenhalgh, was adopted in 1855 by Dr. Martin Weir. This was long antecedent to any mention of the use of a spring which I had elsewhere met with. I never claimed as my own the first application of a spring; it merely formed an auxiliary part of the little device described in my original paper (THE LANCET, February 4th), where I emphatically pointed out that intra-uterine appliances were only justifiable in extreme cases. In his letter of April 28th, Dr. Greenhalgh confessed his instrument to be altogether unsuitable for use in cases of uterine flexion, and very emphatically warned your readers as to the risk attending its use. It is not very clear why there was no mention made of this failure and of the danger of the instrument in his previous communication, or why the "numerous medical men in private practice in this country and on the continent" to whom Dr. Greenhalgh referred as using his instrument were still allowed to believe they possessed an instrument suitable for redressing flexions of the uterus. I am really sorry to occupy your valuable space about such an utterly trivial matter, but the note of Dr. Greenhalgh conveyed an imputation of which your readers will estimate the propriety by reference to my previous letter, in p. 487 of THE LANCET. It is very clear that his instrument has nothing whatever to do with the subject of flexions of the uterus, and should never have been employed in such cases.

I am, Sir, your obedient servant,

Somerset-street, Portman-square. H. G. WRIGHT.

BRAN BISCUITS IN DIABETES.

To the Editor of THE LANCET.

SIR,—During the past year or two I have been engaged, as opportunity allowed, in making an extensive series of analyses of various articles of food, with a view to determine their fitness or otherwise for the use of the diabetic. I had hoped ere this to have been able to put the results so obtained in a form for publication; but other engagements having intervened, I have been compelled to postpone the execution of this design.

One result obtained is, however, so important that I should scarcely be justified in refraining any longer from making it known—viz., the unfitness of the prepared bran and biscuits now sold for diabetic cases, notwithstanding the statements advanced as to the purity of the bran and its freedom from starch.

The method of purification now in use consists simply in washing and pressing the bran, whereby, doubtless, a small quantity of starch is removed; but since the starch-granules are chiefly enclosed in the cellular tissue of the bran, it is obvious that this process must be insufficient for the removal of the greater part of the starch. That it really is so may be proved in a moment by the simple application of a drop of tincture of iodine either to a small portion of the prepared bran or of one of the biscuits made therewith, when they will instantly become of a deep bluish-black colour. But the quantity actually present may be readily estimated by converting it, through the action of a little dilute sulphuric acid, into glucose or grape-sugar, which may be easily washed away, the sugar estimated, and the quantity of starch present ascertained therefrom. Some analyses made in this manner furnished the following results:—

Unprepared Bran.

	Per cent.
Water	12·04
Oil	2·00
Nitrogenous matter	13·70
Starch	45·65
Gum and digestible fibre ...	2·95
Fibre	17·66
Ash	6·00
	100·00

Prepared Bran.

	Per cent.
Water	10·18
Oil	4·65
Albumen	15·20
Starch	44·50
Digestible fibre	·77
Fibre	19·00
Ash	5·70
	100·00

Bran Biscuits.

	Per cent.
Water	9·80
Oil and butter	28·30
Albumen	13·96
Starch	28·20
Gum and digestible fibre ...	5·02
Fibre	9·60
Ash	5·12
	100·00

The above figures demonstrate the accuracy of the statement already made, to the effect that the prepared bran and biscuits now sold *are totally unfit for the use of patients labouring under diabetes.* They serve also to explain the disappointment which is so generally experienced in the use of these biscuits, the urine still continuing to retain a high specific gravity and to abound in sugar. So general has the use of bran biscuits become, that the fact cannot be too generally known that they contain a very large proportion of starch and of matter convertible into sugar.

Now the method employed in the analysis of the samples of prepared bran and biscuits tested, with certain modifications, furnishes us with a means of freeing the bran absolutely from all starch, and of rendering it an admirable material for the preparation of really pure bran biscuits. I have had the process repeatedly carried out on a large scale, and I find that it answers completely. I further find that there is no difficulty in making from the purified bran a "flour of bran" equal in fineness to wheat flour or my "flour of meat," and thus overcoming another objection to the use of the bran—namely, its coarseness.

Lastly, I would observe that the value of this "flour of bran" is greatly increased by its admixture with a portion of my "flour of beef;" and that thus a mixture is obtained more nutritive, and certainly better fitted in every respect for the treatment of diabetes, than anything hitherto devised.

I remain, Sir, your obedient servant,

ARTHUR HILL HASSALL, M.D. Lond.,
Senior Physician to the Royal Free Hospital.

Wimpole-street, June 4th, 1866.

THE LUNACY COMMISSIONERS' BLUE BOOKS.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 28th of April, in a notice of the recent numbers of the *Journal of Mental Science* (for which I cordially thank you), your reviewer makes one or two remarks on lunacy matters which I ask leave briefly to contrast with the opinions of a writer in the *British and Foreign Medico-Chirurgical Review* for April, on the "Lunacy Commissioners' Blue Books."

1. *The Statistics of Insanity.*—THE LANCET and the *Medico-Chirurgical Review* alike condemn the present haphazard manner in which the statistics of our English county asylums are recorded. As you truly remark, these statistics as now framed are idle labour. There is no uniformity between the elaborate tables of different reports; and the tables of the same report fail to give any continuous history of the experience of the asylum, which alone would be of real value: *they mostly give only the semblance of information.* In similar terms the writer in the *Medico-Chirurgical Review* speaks of the desultory observations pursued by various asylum officers, each of whom frames his figures in which shape he pleases, and publishes them or not, as fancy leads him.

This evil is, I am glad to say, on the mend. Of the reports already issued this year, several, I find, have adopted the uniform system of tables recommended last July by the committee of the Medico-Psychological Association, and which were favourably noticed at the time in THE LANCET. The Hants County, the Bristol Borough, the Cumberland and Westmoreland County, the Wilts County, the Glamorgan County, and the Sussex County Asylums, have introduced the six statistical tables which were then recommended. I hope others may follow this lead. I was sorry to notice their omission from the otherwise carefully compiled report of the Colney Hatch Asylum. Probably some old resolution of the committee (by which all things are there guided) as yet prevents the free action herein of the medical superintendents.

These tables of the Medico-Psychological Association have also, I believe, been under the consideration of the Commissioners in Lunacy both in England and Scotland; and I have therefore every reason to hope that our uniform system of asylum statistics will ere long prevail.

2. *The work of the Commissioners in Lunacy.*—The writer in THE LANCET acknowledges the great and beneficial reforms in the treatment of the insane which have resulted from the weight and influence of the Commissioners in Lunacy, and I should have thought that he expressed the unanimous opinion of those engaged in this department of practice. Yet in the *Medico-Chirurgical Review* I find a very different estimate of the benefit to the insane and of the advancement of the study of mental diseases which have resulted from the unwearying labours—now of nineteen years' duration—of the Commissioners in Lunacy. Thus the writer says:—"The energies of the Commissioners are benumbed by time;" "their reports show signs of atrophy;" "their power is asserted in a way little consonant with the feelings of the public;" "their constant aim is to add to their power so as to acquire the right to inquire into somebody's business, or to legalize some vexatious interference;" "all recent lunacy legislation is but a mere collection of devices to overcome some obstacles met with in the would-be triumphant career of these enterprising officials." "To be mad now," he adds, "is to become a patient of the State, and the prescriptions should properly be dated from No. 19, Whitehall-place."

Assuredly the public do not share these opinions of the unnecessarily inquisitorial powers of the Lunacy Commissioners. The tendency of all recent lunacy legislation has been, on the motion of independent members of the House of Commons, to extend the jurisdiction and to add to the authority of the Lunacy Board. Only the other day it was proposed, with the apparent approval of the House, that this Board should be officially represented in the Commons by one of its members. And in every lunacy scandal or trial (and which unfortunately is much the same thing) the demand is always for further action on the part of the Government officials in lunacy.

It is to be regretted that such opinions should have found so honourable a place as the pages of the *Medico-Chirurgical Review.* I am old enough to recall the asylums, public and private, of twenty years ago, and the position which their medical officers held, and strange, beyond belief almost, is the contrast with those of to-day. The public asylums then were little more than dismal houses of detention. The comforts of the patients were few, the means of curative treatment less; the medical officers were ill paid and slightly esteemed, and their authority subordinate or divided with other officials. Of the private asylums then the less said the better. The pauper licensed houses of twenty years ago were mysteries of abomination. Even the first-class private asylums were mean and miserable to a degree. A resident medical officer was then the exception there. How the Commissioners have fought, step by step, the upward battle of reform the limits of this communication entirely prevent my tracing. Should you allow me, I shall some day send you a sketch of this progress, which the writer in the *Medico-Chirurgical Review* seems so entirely to have forgotten. I can only here, in conclusion, notice the reviewer's picture of the present state of things. "The oppressive tyranny of the Commissioners" has, he says, as regards private asylums, "effectually extinguished all opposition," and "proprietors, however conscientious and upright, are compelled in self-defence to defer to the powers that be." I am only familiarly acquainted with two private asylums—viz., those of Dr. Newington, at Ticehurst, and of Dr. Harrington Tuke, at Chiswick. As regards the position or feelings of these gentlemen towards the Lunacy Board, I can most positively say that the reviewer misrepresents them.

His exposition of the present relations of the Commissioners to the public asylums is still more untrue. "As regards the rulers of public asylums," he writes, "the case is not very different; for though country gentlemen do not always find the yoke easy, they too often, conscious of their ignorance, accept the dictum of a body who are always ready to *suggest*, and if their advice is not taken can embarrass a committee by persevering opposition, and threaten them with the terrors of the Secretary of State."

I can here speak with more authority. I am in intimate relations with the most distinguished superintendents of our public asylums, and I say, without fear of contradiction, that this view of our position towards the Commissioners is absurdly false. Support, not embarrassment, is what we receive at their hands. The unvarying tradition of the Board has been to bring into prominence and in every way to exalt the position of the medical superintendent; and it is to these efforts that our position of independent authority in the asylum and of influence with the Committee of Visitors is mainly due. I am sure that every county asylum superintendent will endorse this opinion. Then, as to the tyranny of the Commissioners over the Committee of Visitors, the thing is a stupid fiction, which no one acquainted with the independent character of the English magistracy will accept. The influence of the Commissioners on the counsels of the Visitors is due alone to the value of their suggestions, the acceptance of which, indeed, is solely at the pleasure of the justices, who are therein much influenced by the opinions of their medical superintendent. To him the suggestions of the Commissioners are a source of strength and aid.

3. Lastly, the reviewer turns with prophetic eye to the future, and sees "signs of an approaching reaction," when the cost of maintenance in the public asylums—"maintained at the highest by an extravagance for which the Commissioners are in a great measure responsible"—shall be reduced by a curtailment of the "expensive follies in which many of them abound," and, above all, by the substitution of a plan of farming out the insane paupers—*the insane in private dwellings*—for the present asylum arrangements. I cannot at the end of a long letter venture to open up these questions. I would only say that the reviewer is mistaken in his assertion that "the English asylum system is now openly challenged—nay, even deprecated—by the Scotch Commissioners." A deputy-inspector of that Board, who never had any experience of the practical treatment of the insane, indulges, I am aware, in such high-flown theories; but the Lunacy Board in Scotland have never given their official sanction to them. I would here refer to an able paper, "Gheel in the North," in the *Journal of Mental Science* for July, 1865, in support of my assertion. In the pages of the same journal for January and April, 1865, will also be found two papers on "The Means of Extending the Public Asylum System," in which I have already discussed Dr. Mitchell's views again here brought out by this writer in the *Medico-Chirurgical Review.*

I am, Sir, your obedient servant,

C. L. ROBERTSON, M.D.

Hayward's Heath, Sussex, May 8th, 1866.

SYPHILITIC INOCULATION IN 1865.

To the Editor of THE LANCET.

SIR,—I shall make no further attempt to follow Mr. Lee through the various intricacies and contradictions contained in his letters. I will content myself with suggesting that one of two things must be true. When Mr. Lee wrote his lectures, he either did or did not know of the case of the female patient inoculated by Dr. Boeck. If he knew all about it, as his last letter implies, then he suppressed a very material fact when he said that Dr. Boeck did not succeed in inoculating from an indurated sore in any one instance. If he knew nothing about it, as his former letters imply, then surely he would have done better not to have attempted to instruct the profession on matters which he had taken so little pains to inquire into.

I am, Sir, your obedient servant,

Berkeley-street, Piccadilly, June 8th, 1866. JAS. R. LANE.

*** This correspondence must close here.

A CASE OF DISTRESS.

To the Editor of THE LANCET.

SIR,—Will you allow us to make use of your valuable space for the purpose of advocating the cause of the family of a deceased member of our profession, and to entreat your readers to come to their aid. The relation of the following circumstances will, we are sure, be sufficient to show the distressing nature of the case, and how deserving of sympathy the subjects of the appeal are.

In September last a surgeon, whose name we are not at liberty to publish, arrived at Venezuela, in Central America, appointed by the Quebrada Railway and Mining Company to the medical supervision of their officials, and leaving behind him in England a wife and six children, the youngest an infant of less than a year old, and the eldest twelve years of age.

Almost immediately after his arrival he was attacked by fever, and died within a fortnight. His wife and family are entirely unprovided for; no pension is allowed them by the company in whose service this gentleman lost his life. They are now living on the scanty charity of relations, who are unable to spare more than a mere pittance for their support, which it is doubtful whether they will be able to continue.

The widow has spared no exertions in endeavouring to obtain admission for her children into various asylums, and is sanguine in her hope of success in her second application to the British Orphan Asylum; but at present not one of the six children has any provision whatever.

The object she has in view is to obtain, by subscription, a sum sufficient to enable her to open a boarding-house, as she considers that her chances of succeeding in that direction are greater than in any other.

Further particulars, and the name of the deceased gentleman, may be obtained by application to Dr. Letheby, 17, Sussex-place, Regent's-park; to the Rev. Robert Jones, incumbent of All Saints, Rotherhithe; the Rev. R. S. Drew, incumbent of St. Barnabas, South Kennington; or to the undersigned, by whom subscriptions for the "Widow of a Deceased Surgeon" will be thankfully received.

We are, Sir, your obedient servants,

HY. LETHEBY,
W. SPENCER WATSON.

27, Montague-street, Russell-square, June 6.

NEWCASTLE-ON-TYNE.

(FROM OUR OWN CORRESPONDENT.)

I HAVE given you from time to time the particulars of the inquiry into the mysterious deaths at the farm-house near Ponteland. This inquiry, so far as it has gone, makes it more and more clear that the three brothers Bushby—healthy, and in the prime of life—have been hurried to their graves by repeated and large doses of arsenic, and that a whole household, including casual visitors, have been crippled and blighted for life, more or less, by the same means. The evidence of the medical and other witnesses has been consistent, straightforward, and clear as to the cause of death, but beyond this all is doubt and mystery. There is nothing to show by whom the poison was administered, nor, indeed, whether the fatalities have been due to crime or accident. It will have been remarked that almost without exception the persons attacked were seized soon after meals, particularly after drinking coffee, and that it sometimes happened that where a party sat down to meals together some would afterwards exhibit symptoms of poisoning, and others would not. Again, there occurred at particular periods—namely, the 18th and 22nd of January, and the 4th of February, general outbreaks of the symptoms. The paralysis and numbness observed almost invariably as a sequence in the cases is a point of very great interest, and worthy of remembrance by practitioners from the similarity to that observed after some forms of diphtheria. At the resumed inquest on the 24th ult. Dr. Heath was examined, and said, "I first visited Donkins'-houses on Jan. 4th, and saw four persons more or less ill—namely, two Messrs. Bushby, the housekeeper, and a servant-girl. There did not appear to be much the matter with John Bushby or the housekeeper; they had been ill, but were not then complaining. The servant-girl and the man, who were upstairs in their beds, were the patients to whom my attention was chiefly directed. The servant-girl had a sore-throat with some swelling of the tonsils, and was rather feverish; she did not vomit at that time. The man was exceedingly ill, in fact in a dying state. He was extremely weak, and had a very rapid pulse. There was a loss of power in the lower extremities. There was a faint rash on the upper part of the chest, such as is seen in cases of scarlet fever. On examining the throat I found it inflamed, and adhering to the uvula and the left tonsil was an exudation, such as I have seen in cases of diphtheria. I did not observe any inflammation of the eyes. I prescribed for them, and treated them for diphtheria. My next visit was on the 8th of January. George Bushby was then dead and buried; the servant-girl was then well, and so was the housekeeper. On this occasion I found John Bushby in bed and complaining of pain in his lower limbs, as also loss of power and a feeling of numbness. He presented no other symptoms but this partially paralysed condition of the lower limbs. There was no redness of the eyelids. I understood that this illness had come on after vomiting. I prescribed for the paralysis as a sequel to diphtheria. My next visit was on the 11th of January, when John was improving. That was my last visit, as he thought he was so well as not to require any further visits from me. On my first visit Mr. Dodd mentioned to me the idea that there might be arsenic in the food of the patients. I came to the conclusion that they were suffering from diphtheria, and not from arsenical poisoning. I founded this opinion mainly on the appearances of the throat. On my second visit I took the vomit of a boy living in an adjoining cottage into Newcastle. The bottle was thrown out by the person who takes the charge of the consulting room. I was convinced in my own mind that the symptoms were those of diphtheria. After the analysis I cannot but come to the conclusion that John Bushby died from arsenical poisoning, and not from diphtheria."

The housekeeper, Elizabeth Robley, who was unable to walk but was carried into court by a policeman, was next examined, and she volunteered to be sworn. Her evidence was similar to that given by the other inmates. She further stated that she was unable to leave her bed, from weakness and paralysis, for more than five weeks after she left the farm; and that the Bushbys used nothing but lime in pickling their wheat.

Mrs. Bushby is still so ill as to be unable to appear, and the inquest has been adjourned for a month.

Newcastle-on-Tyne, June 2nd.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

SINCE your correspondent last wrote several matters of interest to your readers have occurred here. The first which suggests itself is that the Industrial Museum, the foundation stone of which was laid by the late Prince Consort shortly before his death, was opened with much pomp and ceremony by the Duke of Edinburgh, on the 19th of last month. Previous to the inauguration the degree of LL.D. was conferred upon his Highness in the University by the Principal. It is gratifying to find the magnificent building at last in such a state as to be opened to the public; and as the excellent

Natural History museum, collected by the late Professor Jameson and others, is now removed into the new building, and many additions have been made in the industrial department, the collection is now one of great interest and worthy of the northern metropolis. It reflects much credit upon the acting superintendent, Mr. Archer, that the various objects have been so well and so carefully arranged. Old Edinburgh students who have been privileged to gain instruction from the lips of the late professor of technology, George Wilson, will be glad to spare an hour, when visiting the north, to inspect the contents of this museum; for it must not be forgotten that it was to him the collection now so ample owes its origin, and the recollection of that man will to many add an interest to the exhibition so well managed by his talented successor.

The expectation of the Scotch universities having a representative in Parliament has caused some stir amongst those bodies directly or indirectly connected with this university. The general feeling is that one representative for the four universities is not enough, and that there should be at least two—one elected by the universities of Glasgow and Aberdeen, and one by those of Edinburgh and St. Andrews. Petitions to this effect have been transmitted for presentation from the Universities of Edinburgh and St. Andrews, the Colleges of Physicians and Surgeons, the Royal Society, &c. From the petition of the University of Edinburgh it appears that the present number of the members of the general councils of the united four universities is upwards of 4000, and is increasing yearly. The existing constituency of the Universities of Edinburgh and St. Andrews is 2700, whilst that of the universities of Glasgow and Aberdeen is upwards of 1500. Seeing that it is proposed to give the University of London, with a constituency of 1800, a parliamentary representative, the request for two members to the Scottish universities is only reasonable and just, and, in the event of the bill being carried, all connected with the university hope it will be granted.

In the new Lunacy Bill for Scotland, by the energy and decidedness of the College of Physicians, important changes have been introduced. The profession generally will be pleased to learn that a clause has been added giving protection to medical men who sign certificates for the confinement of lunatics. The chief points in the protection are that cases for trial must be brought within a year of the patient's removal from the asylum, and that the trial is to be before a Lord Ordinary, instead of before a jury. The voluntary entrance of a lunatic into an asylum, and the granting of leave of absence by the Commissioners, are also provided for. Altogether the Bill, as amended, is creditable to the Legislature, and does not now present the retrograde character it at first exhibited.

The revelations made as to the London workhouses by your Commissioners were read here with much interest and indignation. In this city there are three poorhouses. That for the city parish it has been already arranged to remove from its present site to a healthy and pleasant situation in the country, about three miles from town. The poorhouse for the Canongate parish is in a very objectionable position, the windows of one side of the building looking into a graveyard—truly a most cheering prospect for the inmates if they are led to look beyond the grave. The third poorhouse—for the parish of St. Cuthbert—is situated in a narrow lane, and is surrounded by high walls on the sides not opening to the lane. On one side is a horse bazaar with its inseparable dung-heaps, on another is the goods department of the Caledonian Railway, and on the third is the coal depôt of the same line. Thanks to railway improvement, there is now a near prospect of this state of affairs being remedied, by the site of the workhouse being occupied by the railway and its offices, and the house removed at the expense of the company to an eligible and convenient site in the country. Edinburgh has, therefore, the expectation of having its paupers well provided for in new workhouses situated in delightful and healthy localities—due, in the one instance, to the philanthropy of the parochial board, and in the other to railway extension justified by Act of Parliament.

At the College of Physicians Dr. Seller commenced to-day the first lecture of the second course of the "Morrisonian Lectures on Mental Diseases" to a numerous audience, consisting of legal and medical men. The lecture was for the most part introductory, and was prefaced by a few feeling words upon the late Sir Alexander Morrison.

Edinburgh, June 5th, 1866.

A BILL to regulate the performance of quarantine in the harbour of Bombay has just been prepared by the Bombay Government.

Parliamentary Intelligence.

HOUSE OF COMMONS.

JUNE 1ST.

THE CATTLE PLAGUE IN CHESHIRE.

SIR G. GREY said the Government had received a good many deputations in reference to the peculiar circumstances of the county of Cheshire, and a good deal of correspondence had taken place. They had also received a memorial from the quarter sessions of the county with regard to a loan for which they applied, on terms more favourable than the existing law sanctioned, repayable by a county rate extending over thirty years. The Government had stated they were disposed to apply to Parliament for power to grant the application provided the county levied some portion of the rate forthwith. The quarter sessions had accordingly levied a rate, and were taking measures to enforce payment.

THE CATTLE PLAGUE IN IRELAND.

In reply to Mr. Stanley,

Mr. FORTESCUE said that only seven cases had occurred in Ireland, and those were confined to the County Down. Other cattle supposed to be infected had been inspected, but were found not be labouring under the disease. Mr. Fortescue subsequently said, under the Irish Order in Council all drovers and dealers, and indeed all persons who were in any way in the charge of cattle, had been required to register themselves, and to submit to a proper disinfecting process, which had been carried on either at the port of landing or on board the steamer, generally the latter, and he believed with very great success. With respect to the larger suggestion of the hon. member, he was in communication on the point with his noble friend the Lord Lieutenant. There would be considerable practical difficulties in extending those stringent regulations to so large a body as the Irish labourers, but it was a point worthy of consideration.

JUNE 5TH.

IRISH UNION MEDICAL OFFICERS.

Mr. M'EVOY moved a resolution to the effect that the time had now arrived for the Government to adopt the recommendations of the Select Committee of 1858, "that her Majesty's Government should take into consideration the claims of Ireland to a grant of the half-cost of medical officers of Unions, with the view of providing for the same in future, as is now the practice in England and Scotland," fortified, as such recommendation is, by the Report of the Select Committee on Taxation of Ireland in June, 1865.

The CHANCELLOR of the EXCHEQUER intimated his readiness to grant the concession required, and would make the necessary provision in next year's Estimates; and after a short discussion, which wandered occasionally into the cognate subject of the payment of the Irish constabulary, the motion was withdrawn.

Medical News.

IN the week just ended the births in London were 1919, and the deaths, 1467.

THE "Brighton Guardian" records the death of a man in that town from eating a large quantity of mussels.

DR. RICHARD CROSS has been appointed one of her Majesty's Justices of the Peace for Scarborough.

REPORTS addressed to the Italian Minister of War state that fever has broken out amongst the troops at Florence, and typhus is feared.

HEARTRENDING accounts continue to be received of the famine in Orissa, India; it is even said that cases of cannibalism have occurred.

AUTHENTIC advices received at Alexandria from Djeddah report that cholera has broken out among the returning pilgrims from Mecca, and that there is great mortality among the Egyptian soldiers.

THE CATTLE PLAGUE IN IRELAND.—The Mansion House Cattle Plague Committee met one day last week at the Mansion House, Dublin, when resolutions were passed request-

ing the Government to have reports published in the newspapers, and also that an experienced non-professional man be associated with a veterinary surgeon in each case of reported rinderpest.

A CASE of anthropophagy has been before the French tribunals this week. A young girl, of eleven years of age, attempted successively the life of her mother and sister for the purpose of drinking their blood. Her extreme youth leads the physicians to hope that her cure may be accomplished.

CONSIDERABLE excitement prevails in Jamaica among the members of the medical profession in consequence of a gentleman from Montserrat having been appointed to fill the office of chief surgeon to the public hospital. A large number of medical practitioners have sent home a remonstrance to the Colonial Secretary on the subject.

ON Saturday evening the usual dinner of the Royal College of Surgeons of Ireland took place at Bray, and was attended by some of the leading medical men of Dublin. The dinner was given by the Council of the College to the President, Mr. Willmott; Dr. Butcher occupying the chair, and Dr. J. S. Hughes the vice-chair.

AN amateur morning concert will be given at Willis's Rooms, on Tuesday, June 12th, for the benefit of the London Infirmary for Epilepsy and Paralysis, Charles-street, Portman-square, under the immediate patronage of the Duchess of Grafton, the Duchess of St. Albans, the Countess of Derby, the Countess of Egmont, and other ladies. The programme is very attractive, and many of the most distinguished London amateurs will be amongst the performers.

MRS. ROSETTA WADDELL, of Halford House, Regent's-park, lately deceased, has bequeathed to the rich hospital of St. Bartholomew's £200, and £50 each to those equally useful but poor institutions, King's College and Charing-cross Hospitals.

DURING the month of April there were sixty-five attempts at suicide at Vienna, thirty-six of which ended fatally. Forty-seven of them were committed by men, fifteen by women, and three by children from nine to fourteen years of age. Twenty-two persons hanged themselves, eleven took poison, five cut their throats, two shot themselves, and seven died of self-inflicted stabs.

LAST week a magnificent gold watch and chain were presented to Dr. Weaver on his retirement from practice in Llandrinio. The presentation was accompanied by a very appropriate address, to which Dr. Weaver replied in suitable terms.

THE COLLEGE FELLOWSHIP.—During the last few days the usual half-yearly examination of members for the Fellowship of the College has taken place; it is stated that there were six senior candidates, and only four juniors. The following were the questions on anatomy and physiology submitted on this occasion to both seniors and juniors—viz.:

1. Describe the head and neck of the femur, and the trochanter major in the child. What are the bloodvessels and nerves which supply them? and enumerate the changes which take place in these parts until old age.

2. Describe the various means by which the urinary organs and their appendages are maintained in their position, and all the differences which exist between them in a male child and in an adult.

3. Describe accurately the course of the tendons at the inner and outer ankle and in the sole of the foot, their insertions and relations, and all the functions these tendons perform.

4. Give an account of the structure of the spinal cord. Enumerate the experiments which have been performed with the view of ascertaining its functions.

5. Describe the minute structure of the skin and its appendages, and the functions they perform.

6. By what means is the heat of the animal body produced, regulated, and maintained?

The following are the questions on surgery and pathology, viz.:—

1. Describe the causes, the symptoms, and the progress of acute inflammation and necrosis of the femur, the several means adopted by nature to effect a cure, and the surgical aid you would employ.

2. Describe the various fractures which may occur to the neck of the femur, the trochanter major, and the acetabulum, with the symptoms and the appropriate treatment in each case.

3. How are fractures of the base of the cranium caused? What symptoms usually accompany these injuries? What effects may they produce on the brain and cerebral nerves? What treatment would you adopt?

4. Under what circumstances would you consider it advisable to perform the operation of ovariotomy? Describe what would be the best manner of proceeding, the means by which you would secure the bleeding vessels, the difficulties and the dangers which attend this operation, the after-treatment, and the proportion of cases which prove fatal.

5. Under what circumstances is it necessary to remove the astragalus? Describe the difficulties which attend this operation, and the probable results.

6. Describe the various diseases of the iris and the accidents to which it is subject, the effects they produce, and the constitutional and surgical treatment you would employ for their cure or relief.

AN ARBITRARY BOARD.—It has been decided by the Board of Health of New York that in cases of typhoid fever, cholera, yellow fever, and other diseases which are or may become epidemic, the police may enter any dwelling in which a person lies sick with such contagious disease, and remove the sufferer to the nearest hospital. All classes of dwellings, rich as well as poor, are to be subjected to these official visits.

MR. WILLIAM MACGILL has bequeathed to the Edinburgh Royal Infirmary a property of the present value of £10,000. Mr. Macgill directs that the property shall not be sold, but retained by the incorporation, and the rents applied to the purposes of the charity.

AS the system pursued at the lunatic asylum at Yarmouth has not been productive of satisfactory results, the Duke of Somerset, on the recommendation of Dr. Bryson, C.B., has appointed Dr. William Macleod to the charge of the establishment.

A GERMAN physician is publishing a series of letters in the *Augsburg Gazette*, affirming that there exist at the present moment in Germany such germs of disease, that if war should break out it would inevitably lead, in consequence of the conglomeration of large masses of men, to the most terrible epidemic of cholera ever witnessed.

MEDICAL REPRESENTATIVES IN PARLIAMENT.—At a recent meeting of the Irish Medical Association, its president, Dr. Mackesy, with the approval of his assembled brethren, contended that the medical profession is unfairly treated in not being represented in the House of Commons. The Church, he said, had its representatives from the universities, and in the Upper House its bench of bishops. The legal profession had numerous representatives; but the medical body, who were best informed on such subjects as the health of towns, the mortality of infants, the pollution of public streams, the sale of poisons, and other like social subjects, and whose presence would dispense with many Royal Commissions, had no member to declare their views or uphold their interests. There were 19,000 medical men in the kingdom, who would send to Parliament men of practical experience and social and intellectual standing. A resolution was also adopted recording the anxious wish of the Irish Medical Association to see the powers of the Medical Council so enlarged that it might be enabled to enforce a high and uniform standard of preliminary and professional education on the licensing bodies throughout the kingdom.—*Pall Mall Gazette.*

Obituary.

WILLIAM DAWSON, M.D.,

NEWCASTLE-ON-TYNE.

DR. DAWSON was a native of Newcastle-on-Tyne, and was born in the year 1805. He served his apprenticeship to Mr. Thomas Elliott, a gentleman who conducted an extensive general practice at the time in Newcastle, and who was afterwards founder of the lying-in hospital there. He passed his examinations at the College and the Hall at an early age, and commenced practice in a very populous district in his own town. Being a man of remarkable energy, fond of the work of his profession for its sake, he soon acquired a very exten-

sive obstetric practice—not a lucrative one by any means, as he often himself remarked, but still valuable to him or to any man like him who could profit by the opportunity it afforded of displaying great natural abilities, and as yielding a rich mine of experience, to be turned to account at a future day. Year after year he toiled on, and at one period of his career it was doubtful if any of his competitors had attended half so many midwifery cases; but there was another thing which admitted of no doubt, namely, that there was no man who had attended so many cases, or worked so hard, for so little remuneration. In the year 1846 he received his degree of M.D. from St. Andrews, and removing to a more commodious residence, and a better locality in the town, his practice as a consulting accoucheur increased rapidly; and, indeed, few difficult cases occurred in the town or surrounding counties without his advice or aid being sought. Nor was his fame in his own department confined solely to the north, for of late years he was accustomed to make very long professional journeys; and only a few weeks ago a lady came from China to place herself under his care. As a practitioner he was ready in diagnosis, his immense experience enabling him to apprehend the leading points of a case as if by instinct; fertile in resources as a prescriber, rarely giving a patient up, trying means after means, infusing by his manner, and, as it were, by his very presence, confidence and hope. By his natural gifts he was well adapted for the position which he occupied, and he achieved an amount of success rarely attained by a provincial practitioner—a success legitimate and well deserved, because it was founded upon years of hard work and rectitude of conduct. He was a lecturer on midwifery for many years, and held the office of physician-accoucheur to the Lying-in Hospital, and was likewise President of the North of England Obstetrical Society, in the foundation and progress of which he took a very great interest. As a teacher he was clear, forcible, and practical, quoting case after case, and leaving his pupils in no doubt as to what was best to be done; others might, perhaps, talk and theorize with more effect, whilst he possessed the *art*, and to see him perform some difficult obstetric operation was to receive a lesson of value never to be forgotten.

For some time past it was apparent to his friends that he was not in his usual state of health. About two years ago his only son, a surgeon, died; and soon after this he sustained an injury to his leg in a railway collision. These circumstances made an evident inroad on his constitution. On the 7th of May he went up to London for a little relaxation, and on the 15th he felt unwell. Next day he was suddenly seized with erysipelas of the face, followed by great tumefaction and cerebral symptoms. These continued to increase, and exhaustion soon setting in, he died on Sunday, May 20th, in the sixty-first year of his age.

He was attended by Dr. Leared, Mr. Wetherfield, and his townsman, Dr. Embleton. His remains were removed to his native town, where they were followed to the last resting-place by most of the profession, the students of the Medical College, old friends, and patients, and many brethren as mourners from long distances. Kind-hearted, unselfish, and generous almost to a fault, a life like his gone from amongst us leaves a blank impossible to fill up; for of the many losses the profession in Newcastle has sustained by death of late, no one has been so generally missed, so universally esteemed and regretted, as Dr. William Dawson.

SAMUEL SMITH, Esq., M.R.C.S.

On the 15th April, at his residence at Ardres, in the Pas-de-Calais, after a short illness, died, in his ninety-second year, Mr. Samuel Smith, one of the oldest members, if not the oldest member, of the Royal College of Surgeons of England, he having been a member upwards of seventy-two years. He was son of Samuel Smith, Esq. (*ex officio*) of Kilburn, Middlesex, and Shute, Devon, whose ancestors were freeholders in Devon and Cornwall before the Reformation. As affording an illustration of hereditary longevity, it may be stated that for the last 250 years several among the ancestors of Mr. Smith, who himself lived during six generations in the direct ascending and descending lines, had lived to see the fourth generation in descent from themselves. Mr. Smith was born on the 8th September, 1774, at St. Martin's-le-Grand, London, received his general education at the public grammar school, Lostwithiel, and was apprenticed in May, 1787, to his first cousin, Dr. Davis, of Fowey. He afterwards studied at the University of Cambridge, attending the anatomical lectures of Sir Busick Harwood. Being desirous of entering the public service, he passed, in the year 1793, an examination before the Society of Apothecaries, a body which in those days examined in pharmacy, and was recommended by the Hall to the Admiralty, Somerset House, for an appointment at the Naval Hospital, Haslar, where he was appointed visiting apothecary under Dr. Lind, many of whose clinical notes are in Mr. Smith's handwriting. Here, in 1793, he was nearly carried off by an attack of fever, caught while attending the crew of the Portuguese fleet. After his recovery, wishing to leave the medical for the surgical practice of the hospital, he presented himself, when nineteen years of age, before the Corporation of Surgeons of London, and passed his examination (as shown by the manuscript list preserved in the College) on the 2nd of January, 1794, although his diploma is dated the 17th of April, 1800, when he commenced practice in London. Mr. Smith was deputed by the naval authorities to take the sole surgical charge at Forton of the French prisoners brought in by Lord Howe's fleet after the battle of June 1st, 1794. He continued in the naval service at Haslar until he joined as surgeon the Northumberland Fencibles, a regiment raised by Sir Francis Drake for suppressing the Irish rebellion of 1798. In April, 1800 (as before stated) Mr. Smith commenced private practice as successor to Mr. Farley, of Holborn-bars. Thence he removed to Bedford-row, and since his retirement, upwards of forty years ago, he has chiefly resided in the north of France. He was twice married, and has left several sons, all of whom are members of his own profession.

MEDICAL VACANCIES.

Braintree Union (Parish of Finchingfield)—Medical Officer.
Brighton and Hove Dispensary—Resident Medical Officer and Dispenser for the Western Branch.
Dartford Union Workhouse—Medical Officer.
Denbighshire Infirmary—House-Surgeon.
House of Correction, Northallerton—Surgeon.
Kent and Canterbury Hospital—Assistant House-Surgeon.
Birkenhead—Medical Officer of Health.
Salford and Pendleton Royal Hospital and Dispensary—Two District Surgeons.

MEDICAL APPOINTMENTS.

J. ALLEN, M.D., has been appointed Medical Officer for the Longton District of the Stoke-upon-Trent Union, vice Goddard, resigned.

R. J. CANE, L.R.C.S.I., L.M.R.C.S., Resident Surgeon to the Birmingham Lying-in Hospital and Midland Counties Dispensary for the Diseases of Women and Children, has been elected a Fellow of the London Obstetrical Society.

F. CLARKE, M.B., F.R.C.S.I., has been appointed Surgeon to the Constabulary, and Surgeon and Agent to the Coast-guard, Dunfanaghy, Co. Donegal, vice R. H. Macloghlin, M.B., C.M. Dub., appointed Medical Officer for the Terryglass Dispensary District, Borrisokane Union.

F. W. CLARKE, M.R.C.S., L.S.A., has been appointed Medical Officer to District No. 2 of the Oxford Lying-in Charity.

G. CLEMENTS, M.R.C.S.E., late Senior House-Surgeon to the Manchester Royal Infirmary, has been appointed Resident Medical Officer to the Salford Union.

E. ELLIS, M.D., has been appointed a Physician for Out-Patients to the Samaritan Free Hospital for Women and Children.

A. EYTON, L.R.C.P.Ed., has been appointed Medical Officer for District No. 4 of the Wrexham Union, Denbighshire, vice J. F. Churchill, L.R.C.P.L., resigned.

M. W. FISHER, L.K.Q.C.P.I., has been appointed Medical Officer to the Constabulary, Mountrath, Queen's County, vice F. Clarke, M.B., resigned, on being appointed Medical Officer to the Dunfanaghy Dispensary District and the Workhouse of the Dunfanaghy Union.

H. GILBERT, M.R.C.S.E., has been appointed Medical Officer for Sedgley No. 3 District of the Dudley Union.

E. A. HEDLEY, M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the Morpeth Union, Northumberland, vice Grahamsley, deceased.

Mr. R. HUDSON, Surgeon Royal West Indian Mail Service, has been elected a Fellow of the Anthropological Society. Mr. Hudson has also been elected a Fellow of the Royal Geographical Society.

T. O. HUNT, M.R.C.S.E., has been elected Medical Officer for the Presteigne Union, Radnorshire, vice W. Steventon, M.D., resigned.

R. N. INGLE, M.D., of Pendleton, has been elected Visiting Surgeon to the Salford Workhouse, vice M. O. Larmuth, M.R.C.S., deceased.

J. R. KEALY, M.D., M.R.C.S.E., has been appointed Surgeon to the Portsmouth, Portsea, and Gosport Hospital.

J. W. LEACROFT, M.B., has been appointed Medical Officer for the District of Stock and Bradley in the Droitwich Union, Worcestershire.

J. MURRAY, M.B., M.R.C.S., has been elected one of the Resident Clinical Assistants to the Middlesex Hospital.

C. ORTON, L.R.C.P.Ed. (late House-Surgeon to the Infirmary), has been appointed one of the Honorary Medical Officers to the North Staffordshire Infirmary.

J. J. PHILLIPS, M.B., has been appointed Demonstrator of Anatomy at Guy's Hospital.

W. H. PLATT, L.R.C.P.Ed., has been appointed House-Surgeon and Secretary to the Scarborough Dispensary, vice F. M. Fawcett, M.R.C.S.E., resigned.

M. K. ROBINSON, M.R.C.S.E., Medical Officer of Health for Birkenhead, has been appointed Sanitary Inspector for the Borough of Leeds.

P. H. PYE-SMITH, M.D., has been appointed Demonstrator of Anatomy at Guy's Hospital.

H. B. SPENCER, M.D., M.R.C.S., has been appointed Medical Officer to District No. 1 of the Oxford Lying-in Charity.

C. R. THOMPSON, M.R.C.S.E., has been appointed Medical Officer for the Eastern District of the Godstone Union, Surrey, vice C. M. Thompson, M.R.C.S.E., resigned.

R. P. WHITE, M.D., of Londonderry, has been appointed to the Commission of the Peace for the County Londonderry.

J. R. WHITE, L.R.C.S.I., has been appointed House-Surgeon to the Kent County Ophthalmic Hospital, Maidstone, vice T. Hunt, L.R.C.P.Ed., resigned.

C. J. WORKMAN, M.D., has been appointed one of the Visiting Physicians to the Infirmary for Consumption and Diseases of the Chest, Margaret-street, Cavendish-square, vice F. C. Webb, M.D., resigned.

C. YOUNG, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Chilton-Polden District of the Bridgwater Union, vice J. W. Leacroft, M.B., resigned.

Births, Marriages, and Deaths.

BIRTHS.

On the 13th ult., at Bighi, Malta, the wife of John Page Burke, M.D., F.R.C.S., Staff Surgeon and Medical Storekeeper, Royal Naval Hospital, of a daughter.

On the 16th ult., at Hastings, the wife of Charles Ashenden, M.R.C.S., of a son.

On the 23rd ult., at Brussels, the wife of J. W. Middleton, M.D., L.R.C.P.L., &c., of a daughter.

On the 26th ult., at Clarence Villas, Windsor, the wife of E. Bower, M.D., of a daughter.

On the 28th ult., at Rose Cottage, Parbold, near Ormskirk, the wife of Dr. Jackson, of a daughter.

On the 29th ult., at Newcastle-under-Lyme, the wife of Charles Orton, L.R.C.P.Ed., of a daughter.

On the 3rd inst., at Peterahm-terrace, Queen's-gate, the wife of Richard Cockerton, Esq., of a son.

MARRIAGES.

On the 8th of March, at Pacaltsdorf, Cape Colony, Thos. Kitching, M.R.C.S., L.S.A., District Surgeon of Prince Albert, to Lydia Jane, youngest daughter of Rev. J. Atkinson, of Pacaltsdorf.

On the 22nd ult., at St. Woollas Church, Newport, Monmouthshire, Robert Arthur Elliott, Assistant-Surgeon H.M.'s 95th Regiment, eldest son of Robert Elliott, Surgeon, of Chichester, to Helena Augusta, youngest daughter of S. T. Hallen, Esq., of Newport, Monmouthshire.—No Cards.

On the 24th ult., at the Parish Church, Sheffield, Mr. Marriott Hall, Surgeon, to Sarah, eldest daughter of Mark Firth, Esq., of Oak Brook, Sheffield.—No Cards.

On the 24th ult., at Ancaster Church, Lincolnshire, Alfred Marchmont Watson, M.D., of Little Huthwaite, Wortley, Sheffield, to Fanny Elizabeth, younger daughter of Freeman Eaton, Esq., of Ancaster, Grantham.

DEATHS.

On the 6th of April, at Sierra Leone, Francis Bradshaw, L.R.C.S.I., L.R.C.P.Ed., aged 28. Dr. Bradshaw was Acting Colonial Surgeon, and fell a victim to his zeal in the discharge of his duties during an epidemic of fever of malignant type.

On the 13th ult., at Hull, Robert Hardey, M.R.C.S., L.S.A., Vice-President of the London Obstetrical Society, aged 63.

On the 12th ult., on board the Steam-ship "Helvetia," in the Sloyne, Liverpool, after a few hours' illness from cholera contracted in the discharge of his duties as Assistant-Surgeon to the Ship, Thomas Fraser Ross, L.R.C.S.Ed., late House-Surgeon of the Leith Hospital, aged 34.

On the 16th ult., at Bloomsbury-square, after a long illness from diabetes and extensive disease of the kidneys of many years' standing, terminating in dropsy, Dr. James Stevens, aged 47.

On the 20th ult., Stephen Brougham, M.R.C.S., of Falmouth, aged 72.

On the 22nd ult., at New Swindon, Wilts, of typhoid fever, Wm. Walford, M.D., third son of the late Walter Walford, of Tardebigge, Bromsgrove, aged 24.

On the 3rd inst., at Southsea, W. J. B. French, M.R.C.S.E., late of Wilton, Wilts, aged 45.

On the 4th inst., at Exmouth, Elizabeth, wife of John Richard Ward, Batalion Surgeon H.P. Scots Fusilier Guards, aged 80.

BOOKS ETC. RECEIVED.

Dr. H. W. Williams's Recent Advances in Ophthalmic Science.
Mr. S. Macadam's Chemistry of Common Things.
Dr. Burrall on Asiatic Cholera.
Dr. Basham on Dropsy.
Dr. Waring on Euphorbiaceous Seeds.
Dr. Turner on Malformation of the Organs of Generation.
Dr. Dewar on the Application of Sulphurous Acid Gas.
Mr. H. Leach on the last Epidemic of Cholera in Turkey.
Dr. E. Hearne, on Cholera.
Mr. J. Storie on Dietetic Errors.
Statistical Tables of St. Bartholomew's Hospital, 1865.
Dr. Barclay on Gout and Rheumatism.
Third Report of the Cattle Plague Commission.
Dr. Macpherson's Cholera in its Home.
Dr. A. Boggs: Thèse pour le Doctorat en Médecine.
Mr. R. W. Dunn on Treatment of Syphilis.
Dr. G. Hartwig's Harmonies of Nature.
The Church and the World. Edited by the Rev. O. Shipley.
Art Journal.
Practical Swiss Guide.
Dr. Morgan on Deterioration of Race.
Prison Characters. By a Prison Matron. Two Vols.
Mr. R. C. Walsh's Poor-law Surgeons' Vade Mecum.
&c. &c &c.

To Correspondents.

Dr. Bonney has forwarded to us a long letter on the subject of a resolution, condemning him for unprofessional conduct in some transactions with Mr. Button, passed by the Southwark Medical Society. Both gentlemen live in Horselydown, and the disagreement seems to have have had its origin in the alleged interference of Dr. Bonney with some Club patients under the care of Mr. Button. The dispute is much to be lamented, but was surely capable of satisfactory arrangement. The "Society," however, passed the resolution without, as Dr. Bonney says, hearing his witness, who attended on more than one occasion to offer his evidence. As he is the Secretary to the Club, of which Mr. Button is medical officer, we think that the course pursued by the Society is to be regretted. Dr. Bonney takes exception to the constitution of the tribunal, and apparently with some reason. He suggests that the facts should be placed before the Editor of this journal, with whose judgment in the affair he will be content. So the matter stands at the present time.

J. H.—Mr. Luke would still retain the examinership if *not* re-elected on the Council, as is the case with Mr. Cæsar Hawkins.

Parasite.—Kreasote, carbolic acid, sulphurous acid gas in water, &c.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—In your number of the 19th instant, your correspondent, "Quarter Century," has thought proper to make a most unjustifiable attack on the medical officers of the British service, and has asked you to reverse the opinions you expressed regarding the changes about to be made in the administrative medical staff in India.

It is not my intention to enter into the general subject of the necessity for a separate administrative staff for the European troops in India, but as your correspondent seeks to disparage the British medical service by reference to matters with which the public in these kingdoms is but little conversant, it may be necessary to state that the Report of the Commission appointed to investigate the outbreak &c. of the cholera epidemic in 1861 was suppressed by the Indian Government, because the Report written by the President was dissented from by *two* of the *three* other members of the Commission, and because the most unbecoming personalities were introduced into it. The Report was printed, and so also was a counter one by the dissenting members; but they were not published, and considerable pains were taken by the Indian Government to prevent the Reports getting into circulation.

What the "little pamphlet" may be which your correspondent states he encloses, I know not; but I have no doubt it would be found on examination as one-sided and partial a production as the Report of the Commission proved to be. As your correspondent appears to be well acquainted with this Report, and as he quotes from it, I would beg to refer him to that portion of it relating to Morar, where he will find that a medical officer of the Indian service is highly lauded *because he did not endeavour to have the troops under his charge removed from the station*, and where he will also find that a medical officer of the British service is in the harshest manner censured because in the same station, and at the same time, *he did exactly the same as the other*—viz., *omitted to recommend that the troops under his charge should be removed from the station*; and no doubt it was owing to this and similar objectionable matters in it that the Report was suppressed.

Your correspondent appears to think that it is quite a settled matter that the "sole measure" to be adopted in an outbreak of cholera in India is to move the troops. Such, no doubt, is the order of the Commander-in-Chief in India; but if he extends his reading to some of your recent numbers he will find that medical officers even of the Indian service, with "a long Indian experience," are by no means certain that such is at all times advisable, and he will perhaps find it difficult to ascertain how the medical officer at Lahore became convinced from "*his* long Indian experience" that removal of troops was the sole measure deserving of any confidence, when it was during the epidemic of 1861 that the question of the removal of troops at such periods first arose.

The views of Earl de Grey may be, in your correspondent's eyes, "in the last degree futile, erroneous, and unstatesmanlike;" but it does not require a "little pamphlet" to prove that they must have been sufficiently convincing to Sir C. Wood and his Council, or they would not have been embodied in the despatch, and assigned as the reasons which influenced them to direct that there should be a separate administrative medical staff for British troops; and I may add that it would require many "little pamphlets" to exonerate your correspondent from the charge of unfairness and ill-feeling to which his letter in your columns renders him liable.

I am, Sir, your obedient servant,
May, 1866. AN ARMY SURGEON.

A Fellow.—A list of the candidates for seats in the Council of the College of Surgeons will be sent next week to all the Fellows whose addresses are known.

WE have received from *Dr. J. B. Gill* the sum of 21s. towards Mrs. Thomas's Fund.

Ophthalmologist.—The separation of the ophthalmic from other departments of surgery is very ancient. The Romans had their eye doctors, Attius, Attimetus, and Lyrius being royal oculists.

B. S. S.—There is no "specific" for the cure of the affection named.

SURGEONS FOR GARIBALDI'S ARMY OF VOLUNTEERS.

To the Editor of THE LANCET.

SIR,—Could you or any of your readers inform me whether the volunteers under Garibaldi are in want of surgeons? and if so, would they be likely to take students who have not quite finished their professional studies, but who have acted for some time as visiting assistants?—Yours, &c.,
May 28th, 1866. A STUDENT.

Meta.—Much may be said on both sides of the question. That evil resulted from the almost indiscriminate manner in which the Edinburgh College of Physicians granted their diplomas in the year of grace, no one pretends to deny; but it was not an unmixed evil. To surgeons in general practice, of standing and respectability, the College offered a means of raising their status without the infliction of great trouble and expense. And this course was not without precedent. The College of Surgeons of England have habitually elected a number of their members to the Fellowship merely on the recommendation of a few of their brethren. Invidious distinctions in professional life are fast fading away; and if there were a "one faculty," the good and able men only would be in the foremost ranks.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—Permit me through the medium of your journal to inform the public vaccinators of England and Wales that I have received a note from a member of the Select Committee on Vaccination, written in haste, in which it is stated: "We have got through the Bill in committee; have raised the fees—that is, we raised the minimum. The guardians cannot pay less; may pay more." I need scarcely say this is, so far, satisfactory. As soon as the Bill has been reprinted, I am to have a copy, and shall then be able to lay before your readers further particulars of the changes recommended by the Select Committee to Parliament for adoption. I am, &c.,

Royal-terrace, Weymouth, June 2nd, 1866. RICHARD GRIFFIN.

*** Mr. Griffin telegraphs to us that the amended Bill does not fully carry out the above statements, and requests us to print the following clauses of the Bill:—

"5. *Gratuities to Public Vaccinators.*—On reports made to the Lords of her Majesty's Council with regard to the number and quality of the vaccinations performed in the several vaccination districts of England, or any of them, the said Lords may from time to time, out of monies provided by Parliament, and under regulations to be approved by the Lords Commissioners of her Majesty's Treasury, authorize to be paid to any public vaccinators, in addition to the payments received by them from guardians or overseers, gratuities not exceeding in any case the rate of one shilling for each child whom the vaccinator has successfully vaccinated during the time to which the award of the said Lord of the Council relates.

"6. *Fees for Vaccination.*—Every such contract for vaccination shall provide for payment in respect only of the successful vaccination of persons, and so that the rate of payment for primary vaccinations shall not be less than the following; that is to say, for every such vaccination done at an appointed station situated at or within one mile from the residence of the vaccinator, or in the workhouse of the union or parish, not less than one shilling and sixpence; and for every such vaccination done at any station over one mile and under two miles distant from his residence, not less than two shillings; and for every such vaccination done at any station over two miles distant from his residence, not less than three shillings; such distance being measured according to the nearest public carriage road."

Joseph Burgess.—We are not aware of any such institution; but our correspondent should look carefully through the "Shilling Guide to the Charities of London."

An Explorer.—1. Dysentery, bilious remittent and yellow fevers.—2. In moderation undoubtedly.

Perambulator.—Sedan chairs were introduced by Sir Saunders Duncombe, M.D., in 1645.

TREATMENT OF BOILS.

To the Editor of THE LANCET.

SIR,—In reply to the letter of "Lancerius" in your last impression, I would advise him to cover the boils with iodized collodion, and give small repeated doses of iodide of potassium with liquor potassæ.

Yours obediently,

Pembury, Kent, June 4th, 1866. H. A. CÆSAR, L.R.C.P. Ed.

To the Editor of THE LANCET.

SIR,—I think it would be advisable for "Lancerius" to ascertain whether his patient is eating bread prepared with German or an impure yeast, as my experience tells me this is often productive of boils. As a remedy I have found the chlorate of potash answer well.

I am, Sir, yours faithfully,

Torquay, June 5th, 1866. J. G. R.

A Thirteen Years' Subscriber.—From his written statement it would be dangerous to advise. Our correspondent should consult the ablest medical man within reach.

P., (Liverpool.)—The gentleman named did not make the return in question of his qualification. It was a printer's error, and will be corrected in the next edition.

TREATMENT OF CONSTITUTIONAL SYPHILIS.

To the Editor of THE LANCET.

SIR,—I would advise "Junior Practitioner" to try the following for his case of constitutional syphilis:—Solution of bichloride of mercury (P.L., 51), one ounce and a half; iodide of potassium, thirty grains; Fowler's solution of arsenic, thirty-six minims; decoction of sarsaparilla, twelve ounces. Mix. Two tablespoonfuls to be given two or three times a day after food. As your correspondent's patient seems in a very cachectic condition, I would advise him to give him a teaspoonful of cod-liver oil twice a day, with the following pill:—Disulphate of quinine, one grain; extract of nux vomica, quarter of a grain; extract of camomile, sufficient to make a pill.

The above has succeeded in bad cases of syphilitic ulceration when many other methods of treatment had failed. Patients thus treated show signs of amendment in from seven to fourteen days. If the case be a bad one, it will be necessary to continue the above remedies for twelve months.

I should be glad to hear how your correspondent succeeds.

I remain, Sir, yours obediently,

June, 1866. NE CEDE MALIS.

Surgeon Volunteers.—Not any general plan of treatment has turned out satisfactory. The application of ice to the spine and the internal use of the essential principle of tobacco in extremely small and guarded doses are amongst the last vaunted methods of treatment.

J. J.—Grove's "Correlation of Physical Forces" and Tyndall's "Heat as a Mode of Motion."

Ignoramus; Medicus F.; Studens, (L. H.)—Apply to the Austrian Embassy, Chandos-street, Portland-place.

LIFE ASSURANCE AND MEDICAL FEES.

To the Editor of THE LANCET.

SIR,—As the medical attendant of a party about to effect an insurance in the Gresham Life Assurance Society, I received a form (marked "Proposer's Medical Referee") from the Office, containing fourteen questions relative to the health and constitution, past, present, and future, of my patient. I was also requested to state whether "his life would be more than usually hazardous;" and if there were "any circumstances with which the Directors of the Office ought to be made acquainted," I was to divulge them for their especial "private and confidential" advantage. No intimation was given respecting the payment for all this service. I therefore wrote to the Secretary, informing him that my fee would be one guinea, and received the following letter in reply:—

[COPY.]

To Benj. Baker, Esq., Surgeon, Brentwood.

Gresham Life Assurance Society, 37 Old Jewry, E.C.,
London, May 23rd, 1866.

SIR,—In reply to your favour, the Company pays for medical examinations when ordered by the Directors; but not for mere questions to be answered by proposed assurers or their friends. Under these circumstances we shall not trouble you further in the matter.

Your obedient servant,

F. A. CURTIS, Actuary and Secretary.

Permit me, Sir, to ask the Directors of the Gresham Life Assurance Society: 1st. How the question No. 12 in their form—viz., "Has the proposer any tendency to consumption, insanity, scrofula, rheumatism, disease of the intestinal viscera, urinary organs, or any other malady"—can be answered *without* a "medical examination"? 2nd. Upon what principle of justice do they endeavour to abstract, for their own especial benefit and protection, such information, *without cost to themselves*, as private medical attendants alone can furnish?

I am, Sir, yours most obediently,

Brentwood, May 29th, 1866. BENJ. BAKER, M.R.C.S.E.

Mr. A. T. Lawrence.—Due notice will be given in the pages of THE LANCET of the next preliminary examination. By consulting the "Students' Number," our correspondent will find some important information on the subject.

TREATMENT OF GONORRHŒA.

To the Editor of THE LANCET.

SIR,—Seeing in your journal of May 14th, notes of the "Novel Treatment of Gonorrhœa and Gleet," I am induced to offer some observations, the class of cases being one in which I have had much experience.

One great point in the treatment of gonorrhœa is to begin early: for the first few days the disease does not extend beyond two inches from the orifice of the urethra. I begin with injections at once, generally sulphate of zinc. The *modus operandi* is the great point. I instruct the patient first to pass urine; then to throw up a syringeful of tepid water, to wash away the pus, or more if necessary; then to inject one syringeful of the lotion, the latter being stronger in proportion to the intensity of the disease; the point of the syringe being well inserted with a rifling motion, and the point of juncture being kept water-tight by holding the finger and thumb of the left hand on the glans penis. The contents of the syringe are to be sent up with a steady pressure, so as to *swell* in the passage, thereby getting to the bottom of the lacunæ, where the disease lurks. I advise the fluid to be held in about one minute, and then allowed to escape of its own accord. This whole process to be repeated three or four times a day according to circumstances. As to the internal exhibition of medicine, I generally only give liquor potassæ to render the urine as little irritating as possible, and advise the patient to drink freely of soda-water, &c. I consider it more rational to rely on injections for the cure of a disease so easily got at, at least at first, as gonorrhœa, than to go circuitously by medicines exhibited by the mouth; another reason being that balsam of copaiba, *et hoc genus omne*, nearly always disagree with the stomach, thereby weakening the patient, and also by their odour are often tell-tales.

I have never seen stricture to follow the proper use of sulphate of zinc, nor do I think it disposes to swelled testicle. This latter sometimes happens to my patients when they do not rest, in which case strapping is the most efficient treatment. Yours, &c.,

Manchester, May 14th, 1866. JOHN HUNTER, M.A.

Melbourne.—A correspondent forwards the following extract from a contemporary in reference to the case of Mr. Beaney, against whom a verdict of murder was passed by a Coroner's jury:—

"It would seem that the circumstances were such as might fall to the lot of any practitioner in the legitimate pursuit of his professional duties, and it is only fair that this should be borne in mind. Mr. Beaney is a man whose colonial career has been distinguished by the greatest success; but if there be any place in which professional ciliquism and jealousy exist more than in another, it is Melbourne. Mr. Beaney began practice some years ago, and his success aroused the ill-will of his brother professionals from the beginning. He then published a book recording some cases in practical surgery, which excited their indignation still more. These and the additional fact that the Coroner for Melbourne is a medical man—unless, indeed, an alteration has taken place quite lately—are necessary to be recollected in connexion with the verdict. Such things being known to us, we mention them in justice to Mr. Beaney and to any of his friends in this country, and we may add that he is not the first professional man in Melbourne who has had to defend himself against a similar charge made at the instigation of other members of the profession."

Broster.—There are certain technical difficulties in the way of its accomplishment which render the perfect carrying out of the matter in question next to impossible.

M.R.C.S. (Hoxton) possesses all the privileges of a member, which are probably much more extended now than when our correspondent took his diploma.

FEES FOR PUBLIC VACCINATION.

To the Editor of THE LANCET.

SIR,—About twenty months ago small-pox was prevalent in my union, and I vaccinated a very large number. The Board of Guardians refused to pay for a portion of those then vaccinated, on the ground that the people resided *out* of my district; but the Poor-law Board decided in my favour and against the guardians: "That notwithstanding that a vaccinator may have entered into a contract to vaccinate in a particular district of the union, it is in the opinion of the Board competent to him to vaccinate any person (whether child or adult) resident in the union who may apply to him for that purpose, although such person may not reside in his district, and to recover payment for the same from the guardians under his contract." After this the guardians refused to pay, on the ground that several of the cases charged were vaccinated before. I then directed the attention of the Board of Guardians to a circular of the Poor-law Board, dated 23rd December, 1857, in which it is stated: "That the Board consider it will not be expedient to refuse the fee on revaccination in cases where the guardians may be satisfied that the revaccination has really taken place, and has been successful."

A year having now elapsed, the guardians take advantage of the limit prescribed by the 22 and 23 Vict., c. 49, and refuse to pay even for the infants charged in the account.

The medical officer of the adjoining district had his account disputed for the same reason, and we shall lose altogether £40, unless some means be found of enforcing our claim.

As it is just possible that some of your correspondents have had to deal with an equally churlish Board, I venture to send the foregoing particulars to THE LANCET, with the view of having the benefit of their advice, and especially for the purpose of ascertaining if a Board of Guardians can be sued for an account delivered at the proper time in case the claimant allows the account to remain unpaid for a year.

I am, Sir, your obedient servant,

May, 1866. C. M.

Mr. Searle.—We read that in 1657 an excellent drink called chocolate was sold in Bishop's Gate, also the drink called coffee. Tea began to be sold by Garway in Exchange Alley.

Elor.—There is nothing wrong or improper in using the prefix "Dr." on his brass-plate or card.

HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—I read in your "Annotations" of May 5th the report of the alleged cure of a case of hydrophobia. In 1856, amongst your "Notices to Correspondents," I think you will find a suggestion from me that salivation, vaccination, or iodism might, by inducing an alterative action in the system, avert this fearful calamity. The worst of this *opprobrium medicinæ* is, however, that the *modus operandi* of the hydrophobic virus is not made out. The state of the system of a person bitten evidently affects the after results much, or why the different latent poison periods of persons equally severely bitten? Some escape entirely; others are not affected for months—nay, years; some are attacked within a very short period. Is this poison, unlike other poisons, varying in intensity? or are the various idiosyncrasies of the persons bitten sufficient to account for the different incubatory periods of this disease? Dr. Todd *nearly* cured a case in King's College Hospital with ice applied internally and externally. No doubt some "new thing" will be lauded to the skies shortly, and then that "new thing" will be found to be "as old as the hills;" for "there is nothing new under the sun," except that uncommon sense, "common sense," which tells us plainly that, like the Queen of historic renown, our measures to be adopted against this poison must be instant and prophylactic. Suck, dry-cup, or excise the wound immediately in *every* case of dog-bite, whether rabid or not. Then see that the patient avail himself of every hygienic advantage possible; for I think we may, *à priori*, argue that the better the bodily health, the less likely the disease.

Yours faithfully,

Cley-next-the-Sea, May, 1866. WALTER SUMPTER, M.D.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Hancock; Mr. Luke; Mr. J. R. Lane; Dr. Little; Dr. Althaus; Mr. Mason, Jamaica; Dr. Fry; Mr. Lyne; Mr. Sutton; Mr. Adam; Mr. C. Jones; Mr. Bentley; Dr. Tucker; Mr. Brande; Mr. Montgomery, Ipswich; Mr. Gill, Horndean; Mr. Findon; Dr. Watson, Hempstead, Texas; Mr. Griffin; Mr. Pattison; Mr. Price; Dr. Martin, Warrington; Dr. M'Loskey, Waterloo; Mr. Diver; Dr. Coghlan; Dr. Edwards, Wivelliscombe; Dr. Cæsar: Dr. Marsh, Nottingham; Dr. Murray; Mr. Branson; Mr. M'Rae; Mr. Tallack; Mr. Bell, Liverpool; Mr. Barnett; Mr. Bradbury; Dr. Nichols; Dr. Ingle, Pendleton; Mr. Crofts; Dr. Hall, Burton; Mr. Bellyse; Mr. Jubb, Halifax; Mr. Bailey, Coleshill; Mr. Ligertwood; Dr. Spencer, Oxford; Mr. Clements, Bolton; Mr. Lee; Dr. Allcock; Dr. Weaver, Longton; Mr. Stride; Dr. Macnamara; Mr. Cane, Birmingham; Mr. Ward, Exmouth; Mr. Moore; Dr. M'Kinnel; Mr. Packman; Mr. Taylor; Mr. Bradley, H.M.S. *Curadoc*, Constantinople; The Professors of University College; Microscopical Society; Still Hock; C. L.; Ebor; Ne Cede Malis; J. H.; Buchanensis; An Observer; H. S. B.; An Army Surgeon; L.R.C.P. Lond.; A Student; Ignoramus; Rusticus; Studens, L.H.; An Old Subscriber; M.R.C.S.; Medicus F.; A. B.; Juvenis; M.D. Brighton; Meta; Ethnological Society; R. S. T.; J. G. B.; Justitia; Ne Sutor Ultra Crepidam; &c. &c.

THE *Tower Hamlets Express*, the *Birmingham Daily Post*, the *Co-operator*, and the *Grocer* have been received.

Medical Diary of the Week.

Monday, June 11.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Hancock, "On the Anatomy and Surgery of the Foot."

Tuesday, June 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—7½ P.M. Ballot.
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. John Crawfurd, "On Cæsar's Account of Britain and its Inhabitants in reference to Ethnology."

Wednesday, June 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Hancock, "On the Anatomy and Surgery of the Foot."
MICROSCOPICAL SOCIETY OF LONDON.—8 P.M. Mr. R. Beck, "On the Function of some peculiar Vibrating Hairs on Spiders and Insects."

Thursday, June 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Friday, June 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Hancock, "On the Anatomy and Surgery of the Foot."
ROYAL INSTITUTION.—8 P.M. Prof. Tyndall: "Experiments on the Vibrations of Strings."

Saturday, June 16.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
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